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A STUDY OF
INFLUENZA,
AND
THE LAWS OF ENGLAND
CONCERNING
INFECTIOUS DISEASES.

A Paper read before the Society of Medical Officers of Health,
January 18, 1892,

By RICHARD SISLEY, M.D. Lond., M.R.C.P. Lond.

TO WHICH IS APPENDED A PAPER

On the SPREAD OF INFLUENZA BY CONTAGION,
Read before the Epidemiological Society, May 20, 1891 ;

AND AN ABSTRACT OF A PAPER

On the PREVENTION OF THE SPREAD OF EPIDEMIC
INFLUENZA, read at the Seventh International Congress
of Hygiene and Demography, August 1891 :

TOGETHER WITH

COUNSEL'S OPINION ON THE POWERS OF SANITARY
AUTHORITIES AS TO INFLUENZA, and the
Acts and Extracts from Acts relating to Infectious Diseases ; the
PROVISIONAL MEMORANDUM ON EPIDEMIC INFLUENZA,
issued by the Local Government Board on January 25, 1892 ; and the
DIRECTIONS FOR OBTAINING AMBULANCES FOR
THE CONVEYANCE OF PERSONS SUFFERING FROM
INFLUENZA, issued by the Metropolitan Asylums Board.

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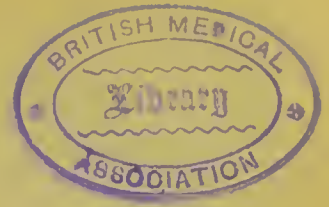
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TO MY FRIEND

J O H N R I C H M O N D,

as a public recognition of the help, counsel, and
encouragement I have received from him ;

AND TO

MAJOR KIRKBY ROBINSON, ESQUIRE, M.D.,

Medical Officer of Health for East Kent,

to whose wisdom and courage we owe the first effort
that has been made to check the spread of influenza
in England, this pamphlet is dedicated.



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Preface to the First Edition.

“The public health is the foundation on which reposes the happiness of the people, and the power of a country. The care of the public health is the first duty of a statesman.”

A few words in explanation of the scope of this paper are necessary. It treats only of influenza, and of the law of England as it is, or rather as it is supposed to be, for what the law actually is can only be decided by the Courts of Law. Until a point is decided, the exact meaning of certain words remains a matter of opinion. On some of the points which might arise, I have asked and have obtained the legal opinion of Sir Frederick Pollock, which by his permission I publish. The paper treats only of laws at present in force, that is to say, of those laws which at the present time confer powers to Sanitary Authorities. It is incidentally noticed that the Public Health (London) Act, 1891, may lead to a conflict between Metropolitan Sanitary Authorities, but this does not concern the main question. I have not dealt with Regulations,* which under the Public Health Act, 1875, the Local Government Board under special circumstances have the power to make—

* See page 57.

the question of use of this power must be decided by the President of the Local Government Board, who has at his command the advice of a specially selected medical staff, whose series of Reports are the most valuable works on Public Health extant. I am conveying no reflection on the gentleman, who by political exigencies happens to fill the office of President of the Local Government Board, when I say that it is absolutely impossible for any man, however able, any politician, however eminent, to continue long to preside over such a department without occasion arising which calls for technical knowledge on his part.

11, York Street,

Portman Square.

January 24th, 1892.



Preface to the Second Edition.

In this edition the original paper has been corrected, and much additional matter has been appended.

The additional matter consists of—

- (1.) A paper read before the Epidemiological Society in May last.
- (2.) Abstract of a paper on the prevention of the spread of influenza, read before the Congress of Hygiene in August last.

It seemed advisable to republish these in connexion with the paper on influenza and the law of England, for in it they are both referred to, and they are not now readily obtainable.

The following Acts or parts of Acts relative to the subject are here reprinted :—

- (3.) Public Health Act, 1875 (some sections relating to infectious diseases).
- (4.) The Act of 1883, “ to make better provision
“ for the prevention of epidemic, endemic,
“ and infectious disease.”
- (5.) Infectious Disease (Notification) Act, 1889.
- (6.) Infectious Disease (Prevention) Act, 1890.
- (7.) The Public Health (London) Act, 1891 (some sections relating to infectious diseases).

It is thought that it will prove useful to those whose business or interest it is to study these Acts to be able to obtain them bound together in one portable volume.

At the end of the book are given—

(8.) The Provisional Memorandum upon Precautions at times when epidemic influenza threatens or is prevalent, lately issued by the Local Government Board.

(9.) Directions for obtaining ambulances for the conveyance of persons suffering from influenza, recently given by the Metropolitan Asylums Board.

It is a source of gratification to me that the Memorandum of the Local Government Board proves to be an official confirmation of the truth of some of the points which were brought forward at the late Congress of Hygiene.

London people are indebted to the Metropolitan Asylums Board for having at length put an end to such difficulties with regard to ambulances as those experienced by Professor Wynter Blyth, who first called attention to the unsatisfactory state of things which then existed.

The recent action of the President of the Local Government Board has amply justified the last sentence of the preface to the first edition of this pamphlet. The President issued last July the report of his medical officers on influenza. This report furnishes the most complete study of influenza which has yet appeared in

any country, and clearly shows the infective nature of the malady. On January 25th the President of the Local Government Board issued the valuable Memorandum drawn up by Dr. Thorne Thorne. Dr. Thorne Thorne officially points out that it is in the first cases of influenza occurring in a locality or household that isolation is called for. It is evident, therefore, that the President of the Local Government Board should have issued a Memorandum long ago if he believed it would be of use; and if he did not believe it would be of use he should not have issued it at all. On the President of the Local Government Board rests all the responsibility. He is, in this case, the victim of a vicious system. The Public Health is a matter, not of political, but of National importance; and until the Minister responsible for the Public Health has become also the head of the sanitary service, such maladministration is inevitable.

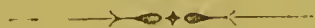
I have to thank my friend Dr. John Glaister for his help in correcting the paper and for looking over the whole of the proofs.

Ramsgate,

February 2nd, 1892.



Influenza, and the Laws of England Concerning Infectious Diseases.



MR. PRESIDENT and GENTLEMEN,

THE question which I ask you to consider to-night is whether anything can be done to check the spread of influenza, and whether any of the laws affecting Public Health can be of use in helping to secure this object. Owing to the present state of ignorance which exists amongst the people of this country with regard to disease, it is advisable that Sanitary Authorities should not use any powers they possess without a fair chance of their being successful in accomplishing the end in view. The old idea that an Englishman's house is his castle still exists, and is strongly held by the masses of the people, and all interference with what is considered personal liberty is strongly resented. Should inconvenience and expense be caused to the public without obvious and corresponding advantage, the people will begin to resent all sanitary interference, and in the present state of sanitary law and of Sanitary Authorities this would undoubtedly lead to much strife amongst those various representatives of the people who are now selected to form those Authorities. And so the progress of sanitation would be checked, for under the present

system no arrangement made by popularly elected bodies can be efficiently carried out without the tacit consent of those who elect the members of those bodies. Whether this state of things is satisfactory I will not here pause to consider. It is enough to allude to it as a factor which cannot be ignored.

The preliminary questions which naturally arise are:—

- (1.) Is an epidemic of influenza of sufficient national importance to make it worthy of attention?
- (2.) Do we know enough about the mode in which influenza is spread to justify us in saying that it is infectious?

It is impossible to give in accurate numbers the sum of those disabled and of those killed by an epidemic of influenza, or more than roughly to estimate the money loss to the country of such an epidemic as that of 1889-90. The charts* show the increase of mortality in London during the epidemic of 1782 and of 1889-90, and the bills of mortality of the cities of Petersburg, Berlin, Vienna, Paris, and New York, during the epidemics of 1889-90. These charts do not show the number of deaths which were due to influenza, but they do show the increase of death-rate which accompanies epidemics of the disease. “ It is found that during an
“ epidemic many people who already suffer from organic
“ diseases which would ultimately prove fatal, die
“ sooner than they otherwise would because they are
“ not strong enough to overcome the depressing effects
“ of influenza in addition to those of pre-existing

* See pages 32-35.

“ disease. It is common for diseases of the respiratory
“ organs to follow an attack of influenza, and the
“ maladies thus set up may not end fatally for weeks,
“ months, or even for years.”*

The Report of the Registrar-General which has been recently published shows that the number of deaths directly ascribed to influenza in England and Wales in 1890 was only 4,523, but the Registrar-General points out that this by no means truly represents the number of deaths which it really caused. He says, “If
“ we assume—as we may, though not with certainty,
“ yet with much probability—that the increased mor-
“ tality from pneumonia, bronchitis, and diseases of the
“ organs of circulation, as compared with the nine
“ preceding years of the decennium were due to the
“ same cause as were the deaths directly ascribed to
“ influenza, the total number of deaths due directly or
“ indirectly to the epidemic influenza was not merely
“ 4,523, but 27,074, or 941 per million living.” On this computation the increase in the death-rate due to influenza was 941, or nearly 1 per 1,000 inhabitants. But only a small proportion of cases of influenza end fatally, and the amount of suffering endured by patients who live through the disease cannot be represented numerically. Nor should the money loss of such a visitation be entirely ignored. But I think it will be admitted that an epidemic of influenza is a serious national disaster, and that, therefore, if we know how the disease is spread, it is of importance that this knowledge should be put to some practical use.

* A Paper read before the International Congress of Hygiene and Demography, August 1891:—The Prevention of the Spread of Epidemic Influenza. For abstract of this paper, see pages 45, 46.

How is influenza spread? Gray and Haygarth, amongst our older physicians, taught that it was spread by contagion. Hirsch, who is possibly not well acquainted with English medical literature, tried to prove the contrary. M. Tessier, in 1889, spoke of influenza passing "like a cloud which obeys the caprice of the night, traverses at the same time and in the course of a few days the distance between towns situated at the four corners of the earth." In England we have had few specimens of such imaginative writing (though there have been some), but the mode of spread of influenza has been carefully studied,* and it is proved beyond doubt that—

- (1.) The first case of influenza in a town is often a patient who has come from an infected place.
- (2.) Isolated cases of influenza precede an epidemic.†
- (3.) Influenza spreads along the lines of human intercourse.
- (4.) Isolated persons such as prisoners and inmates of asylums and convents often escape influenza.
- (5.) The numbers of those affected in an epidemic increase till a maximum is reached and then decline, as in the case of contagious diseases.‡

* See especially Report of the Influenza Epidemic of 1889-90, by Dr. Parsons, with an introduction by the Medical Officer of the Local Government Board.—Eyre and Spottiswoode, London, 1891.

† On the spread of influenza by contagion. A paper read before the Epidemiological Society, May 1891. See page 36.

‡ Epidemic influenza: Notes on its origin and method of spread. London: Longmans, Green, & Co., 1891.

No one can read Dr. Parsons' report of the influenza epidemic of 1889-90 without becoming convinced of the truth of Dr. Buchanan's statement that "probably
 " no evidence has ever been put on record in such
 " abundance as that accumulated by Dr. Parsons' report
 " to show that in its epidemic form influenza is an
 " eminently infectious complaint communicable in the
 " ordinary personal relations of individuals one with
 " another. It appears to me," he adds, "that there
 " can henceforth be no doubt about the fact."

Mr. President:—Up to the present point, I feel sure that there will be a general agreement concerning the facts I have mentioned. In influenza we have to deal with a contagious and with a very destructive disease. It is usual now-a-days to describe contagious diseases as preventable, and many years ago Haygarth wrote, "So
 " far as it can be proved that a disease is produced by
 " contagion, human forethought can prevent the
 " mischief."* Concerning "preventable diseases" the Prince of Wales at the late International Congress of Hygiene asked, "If preventable, why not prevented?"

Apart from any application of legal enactments, individuals, families, and small communities, may do much to avoid infection. To Dr. E. L. Trudeau,† of Adirondack Sanatorium, belongs the credit of trying what could be done in the way of quarantine. "Fearing
 " an attack of the prevalent influenza might be dis-
 " astrous to many of the invalids at the Adirondack
 " Cottage Sanatorium, the place was quarantined as soon
 " as the epidemic appeared in the neighbourhood."

* "I could further explain how certain catarrhs, particularly the influenza, are produced by contagion, and might be prevented." A letter to Dr. Perceval on the Prevention of Infectious Fevers. By John Haygarth, Bath, 1801, p. 84.

† Medical News, Philadelphia, p. 28, xiii, p. 11.

i p. 1958.

The inmates of the Sanatorium did not suffer, although many people in the country around and visitors of the hotels and boarding-houses were affected. Professor Baümler quotes a case, showing how at an inn in the Black Forest those who were purposely kept away from the sick escaped influenza. Mr. Townsend Barker, of Churchingford, isolated the first cases he saw at the end of 1889 and the disease did not spread at that time beyond the members of the family first affected and himself.

I have elsewhere shown how free the inmates of jails were from infection in the epidemic of 1889, and that in seven out of a total of twenty the prisoners entirely escaped infection, though influenza was raging in the towns in which the jails were situated. Dr. Savage has called attention to the fact that confined lunatics are less liable to the disease than their keepers who are allowed to expose themselves to contagion, and he ascribes this immunity to the circumstance that they are less exposed to contagion, and not to any peculiarity in the insane diathesis.

Enough has been said to prove that apart from any rigid enforcement of sanitary legal enactments, much good may be expected to arise from a knowledge by the public that the question whether they get influenza or not must largely depend on themselves, that is to say, on whether they expose themselves to contagion or not.

At the outbreak of influenza in 1889 few people took any precautions against infection, and those suffering from the disease freely mixed with others going to parties, receiving visitors, and attending places of public

resort. These practices are, perhaps, less prevalent to-day.

Is it not the duty of all Sanitary Authorities to give some general advice on the subject of contagion? I am glad to see that the Dover Sanitary Authorities have recognised that it is their privilege and duty to do so. A placard, destined to become historical, and of which I am fortunate enough to be able to show you a copy, contains this warning: "The Mayor, Aldermen, and "Burgesses hereby give Notice warning the Public "of the Dangerous and Infectious character of Influenza, "and that the disease is often spread by careless "exposure of infected persons." People in less enlightened towns are taught by the newspapers, and there is an unfortunate tendency to trust more to "cures" than to prevention. We still live in the Drug Age.

During the epidemic of 1889-90 no steps were taken to stop the spread of the disease, many doctors and writers, both in the medical and lay journals, taught that contagion played no part in the matter. In May last a conviction that this erroneous tendency did much harm led me to recommend that by a short Act of Parliament influenza should be placed amongst the diseases for which notification is compulsory. I am still of opinion that had this been done much sickness and many deaths would have been avoided. The good would have been done chiefly in an indirect manner. A discussion on such a Bill in Parliament would have concentrated public attention on the subject, the evidence of the Local Government Board would have received immediate and wide-spread recognition, and in this way people would have been taught that influenza was

chiefly, if not entirely, spread by contagion and they might have acted on their knowledge of that fact.

The notification of influenza and the isolation of the first cases would probably have prevented an epidemic in those places in which the Notification Act* was adopted, and even a recognition of the fact that influenza was a disease of sufficient importance to be worthy of such precautions might have helped the effective working of the Public Health Act of 1875 in places in which the Notification Act was not adopted.

The question which now concerns us, however, is not what might have been done last summer, but what can be done now by Sanitary Authorities with the laws at present in force, and whilst we are in the presence of an epidemic.

The laws relating to infectious disease are by no means simple, and their working powers have still to be put to the test. Did one law apply to the whole country the matter would be comparatively simple. But the laws are diverse and the methods by which they are worked complex.

In many parts of the country the only sanitary laws in force which bear directly on the prevention of infectious diseases are the Public Health Act of 1875† and the Epidemic and other Diseases Prevention Act, 1883.‡ Under the former, section 126, "Any person who (1)

* For the text of this Act *see* page 63.

† *See* page 51.

‡ The Epidemic and other Diseases Prevention Act, 1883, 46 & 47 Vict. c. 59. For the text of the Act *see* page 61.

“ whilst suffering from any dangerous infectious disorder
 “ wilfully exposes himself without any proper precau-
 “ tions against spreading the disorder in any street,
 “ public place, shop, inn, or public conveyance, or enters
 “ any public conveyance without previously notifying
 “ to the owner, conductor, or driver that he is so
 “ suffering shall be liable to a penalty
 “ not exceeding 5*l*.” There is another provision which
 might apply to sending letters.

It is by no means certain that a conviction under this section could be upheld against a person suffering from influenza. It is probable that it would be pleaded that influenza is not a “*dangerous infectious disorder*” within the meaning of the Act. The word dangerous might afford a legal loophole for escape.

That the possibility of such a plea has been considered appears certain from the wording of the Public Health (London) Act, 1891.* In this Act some “*dangerous infectious diseases*” are compulsorily notified, other infectious diseases may be, under certain conditions, added to the list, and then, “every such infectious disease” is in this Act referred to as a “*dangerous infectious disease*.” It seems therefore that a conviction of an influenza patient under the Act of 1875 might give rise to a very interesting and important legal decision.†

* See page 85.

† In 1815 it was held that “there could be no doubt, in point of law, that if a person unlawfully, injuriously, and with full knowledge of the fact exposes in a public highway a person affected with a contagious disorder, it is a common nuisance and indictable as such.” Judgment of Le Blanc, J., in *Rex v. Vantandillo*, 4 M. and S. 73; *Rex v. Burnett*, 4 M. and S. 272, is to the same effect.

“These were convictions for exposing on the King’s highway persons infected with small-pox; but it is equally an offence indictable

Should it be decided that influenza is a "dangerous infectious disease," Sanitary Authorities will be obliged to act on that decision, but if it is not a "dangerous infectious disease" within the meaning of the Act, the Public Health Act, 1875, will be of no avail. If, however, it be held that the Act does apply to influenza, it is worthy of note that Rural Authorities will be in a better position to deal with influenza than the Sanitary Authorities of London are at the present time.

The Infectious Diseases (Notification) Act, 1889, is an "adoptive" Act.* Where it is in force the notification to the Sanitary Authority of the incidence of some infectious diseases is compulsory. These diseases are small-pox, cholera, diphtheria, membranous croup, erysipelas, the disease known as scarlatina or scarlet fever, and the fevers known by any of the following names: typhus, typhoid, enteric, relapsing, continued, or puerperal. Power is given to the Local Authority to place any other infectious disease under the working of the Act. The means by which a disease is placed in the list is this: the Local Authority must be summoned to pass a resolution to this effect. In the ordinary course

at common law to expose in public persons labouring under any other infectious disease, whereby the health of the public may be endangered. A person was indicted for bringing a horse diseased with glanders into a public place to the danger of the Queen's subjects. *Reg. v. Henson*. Dears. CC. 24."

"The Law of Public Health," by William Cunningham Glen, Barrister-at-law, and Alex. Glen, M.A., LL.B., Barrister-at-law. Tenth edition, p. 203. London, 1888. In *Reg. v. Henson*, the defendant was convicted and the conviction upheld.

* See page 63. In places in which the Act has not been adopted, its provisions cannot be brought into force in less than six weeks.

14 days' notice is necessary, but in an emergency three clear days' notice is sufficient. In the latter case, should the Sanitary Authorities adopt a resolution to add the disease to those for which notification is compulsory, the Authority must send a copy of the resolution to the Local Government Board for approval, and "give public notice thereof by advertisement in a local newspaper and by handbills, and otherwise in such a manner as the Local Authority think sufficient for giving information to all persons interested." Such a resolution has no force until the expiration of one week from the date of the advertisement, "but unless approved by the Local Government Board shall cease to be in force at the expiration of one month after it is passed, or any earlier date fixed by the Local Government Board."

It is evident from this that influenza cannot immediately be added to the list of infectious diseases for which notification is necessary. What is the least time in which this can be done? Let us suppose that some member of a Sanitary Authority should decide to-night that the notification of influenza is desirable. If things work as he wishes, and as rapidly as the law allows, how soon will notification be compulsory?

Let us take an instance:—

January 20.—Notice given to every member of the Local Authority that the resolution will be proposed.

„	21.	} Three clear days' notice.
„	22.	
„	23.	
„	24.—Sunday,	

January 25.—Monday. Meeting of Authority.
Decision of Authority to adopt
the resolution.

Advertisement in local paper
same evening (possible, not probable).
Notice to Local Government Board.

January 26.—Tuesday.

„ 27.—Wednesday.

„ 28.—Thursday.

„ 29.—Friday.

„ 30.—Saturday.

„ 31.—Sunday.

February 1.—Monday. Resolution in force (13th
day). 12th day the first possible.

Thus the least time in which such a resolution can
come in force is 12 days.

Now should a Sanitary Authority wait till influenza
is prevalent in their district, and then at length decide
“something must be done,” and pass a resolution to
add influenza to the list, the provisions of the Act would
come into force too late to be of much service, yet the
expense to the Authority would not be small.

No Sanitary Authority should undertake such
work *during the height of an epidemic*. If such action be
taken before the existence of an epidemic the matter
is a different one, for what is required is that the
whereabouts of the *first* cases should be known, and
that these patients should not be allowed to spread the
disease.

The Infectious Disease (Prevention) Act, 1890, like the Notification Act, is adoptive. Under Section 3 it is provided that 14 days' notice are required to be given to all members of the Sanitary Authority before a resolution for the adoption of the Act can be proposed. Should the Act be adopted, the fact must be advertised, and the law only comes into force one month after the appearance of the advertisement. Notice of the resolution must also be sent to the Local Government Board. Six weeks, therefore, is the least time in which the Act can be brought into force in places which have not already adopted it.

The sections of the Act which might be made to apply to influenza are Sections 5-18, and one or all of these may be adopted.

Section 6 makes provision for the disinfection of bedding.

Section 7 refers to the disinfection of houses.

Sections 8, 9, 10, 11, to dead bodies.

Section 12 provides for the compulsory detention of persons suffering from infectious diseases.

Section 13 relates to infectious rubbish.

Section 14 provides that when Sections 7 to 13 are in force, notice of their provisions shall be given to the occupier of any house in which it is known there is any one suffering from an infectious disease.

Section 15 provides for the temporary accommodation, at the expense of the Local Authority, of people who are compelled to leave their houses during the time they are disinfected.

Section 16 provides for the execution of penalties on those who obstruct the working of the Act.

Section 17 gives power of entry of the Local Authority for purposes of disinfection.

The provisions of this Act *alone* would be of little use in checking the spread of influenza. Doubtless bedding and houses should be disinfected. But if influenza is not considered a "dangerous infectious disease" under the Public Health Act of 1875, what will the disinfection of houses avail? Patients suffering from influenza will in that case be allowed to freely spread the disease by going into public places, and will then have their houses disinfected at the public expense.

It is pretty evident that the sanitary law affecting rural and urban districts will not certainly be able to afford much help in preventing the spread of influenza.

The Public Health Act of 1875 and the Notification and Prevention of Infectious Diseases Acts do not apply to the metropolis. London is governed by the Public Health (London) Act, 1891, which came into force on January 1st last. It is the latest and most complete triumph of sanitary law, and the London ratepayer will, doubtless, hopefully expect much from it. May he not be disappointed!

In rural districts, as we have seen, it is possible that influenza may be recognised as a "dangerous infectious disease," and then the Sanitary Authorities may and ought to fine patients who expose themselves whilst suffering from it. No such provision giving such power exists in the London Act. At the present time anyone may without let or hindrance, whilst suffering from influenza, go to any public place, drive

in any public conveyance, and spread a disease which, as we have seen, was in the year 1890 responsible for the death of over 27,000 people.

Now, Mr. President, this does not seem to be an ideal hygienic arrangement.

It is worthy of note that there is at present a difficulty in sending to a hospital a patient who has influenza. I have to thank Professor Wynter Blyth for telling me the difficulties he himself experienced.

The St. John's Ambulance Society declined to carry the patients because influenza is infectious.

The Metropolitan Asylums Board declined to allow their ambulance to be used because influenza was not in their list of "dangerous infectious diseases."

Three cabmen declined to take the patients in spite of the fact that Professor Wynter Blyth offered to disinfect, and possibly because he insisted on the necessity for the disinfection of their cabs after the journey.

Foreigners justly congratulate us on our sanitary arrangements, but the state of things just mentioned is hardly worthy of the capital of a nation which takes the lead in hygienic measures.*

The "dangerous infectious diseases" for which notification is compulsory in London are the same as those named in the Notification Act, and have been already enumerated.

But it is within the power of any London vestry to add to this list.

* The Metropolitan Asylums Board have since arranged to transport patients suffering from influenza. See page 117.

The conditions under which this can be done are identical to those of the Notification Act. Under section 56, sub-section 5, it is provided that in an emergency a meeting of a Sanitary Authority may be called at three clear days' notice. A resolution making influenza an infectious disease under the working of the Act may then be passed, and this regulation will come into force one week later. The least time, therefore, at which the Act could possibly be made available is 12 days. It is not probable that any medical officer would advise, or any vestry adopt such a course. It is still more improbable that all London vestries would adopt this course. If they do not adopt a uniform course of "masterly inactivity" influenza may be in the eyes of the law a "dangerous infectious disease" in one street and not in the next. The vestries, therefore, are likely to leave matters to the County Council, which, under section 56, sub-section 6, has the same power in London of adding any infectious disease to the list.

Should the County Council exercise this power the impending strife between the County Council and the vestries will begin in earnest.

Some reference must be made to the remote effects of placing influenza under the same provisions as the diseases which are at present under the Act. Under sections 60-61 much expense would probably be caused by carrying out disinfection, and under sub-section 4, in providing accommodation and necessary attendants for those who had to leave their dwellings in order that they might be disinfected. Under section 69 it seems that no tradesman having influenza could "engage in any" occupation connected with food, or carry on trade or

“ business in such a manner as to be likely to spread the
“ infectious disease.”

From these facts it is evident that the height of an epidemic is not the time to insist on the compulsory notification of influenza. Should this now be done the Public Health London Act of 1891 would throw on the Sanitary Authorities duties which they could not possibly carry out, and on the people a burden greater than they could bear.

But if the people of Dover who have influenza can be kept indoors by a monitory notice, so much the better! And if the section of the Act of 1875 does refer to influenza, Sanitary Authorities under that Act may be able to effect much by putting its provisions into force.

The Act does not apply to London, and it cannot be considered satisfactory that Sanitary Authorities have no hold whatever on those who recklessly spread disease and death.

The tendency of modern legislation has been to give a certain amount of “local option” to Sanitary Authorities in dealing with infectious diseases. Now, if we assume that members of vestries and county councillors are always led to their decisions by considerations of the public interest, we are also compelled to admit that they are not always skilled in sanitary matters, and unless and until this is the case it is to be feared that the results of their deliberations will not always be ideal ones.

Questions affecting the Public Health are of the greatest national importance and should be decided by those who have some training in, and knowledge of, the

subject. And the application of this truth is general. Inspiration teaches and experience proves that figs are not produced by thistles; nor is it to be expected that good sanitary laws can come from professional politicians when it is remembered that "Politics is the madness of many for the gain of a few."

Mr. President, it must be evident that the present laws are not perfectly adapted to the circumstances in which we now find ourselves placed, nor is much improvement in this respect to be hoped for until the sanitary service is consolidated and becomes one fold under one shepherd—a Minister of Public Health.



THE NOTICE ISSUED BY THE DOVER
SANITARY AUTHORITIES.

.....

The following is a copy of the placard posted in the
Borough of Dover :—

BOROUGH OF DOVER.

INFLUENZA.

The Mayor, Aldermen, and Burgesses, hereby give
Notice warning the Public of the Dangerous and
Infectious character of Influenza, and that the disease
is often spread by careless exposure of infected persons.

The Public Health Act provides that “ Any person
“ who while suffering from any dangerous infectious
“ disorder, wilfully exposes himself without proper
“ precautions against spreading the disorder in any
“ Street, public place, Shop, Inn, or public conveyance,
“ is liable to a penalty not exceeding 5*l*.”

By Order,

E. WOLLASTON KNOCKER,
Town Clerk.

Castle Hill House, Dover,
December, 1891.

—♦—

CHART I.

Chart showing Bill of Mortality and Number of Deaths recorded under the general name of Fever in London in the year 1782 for—

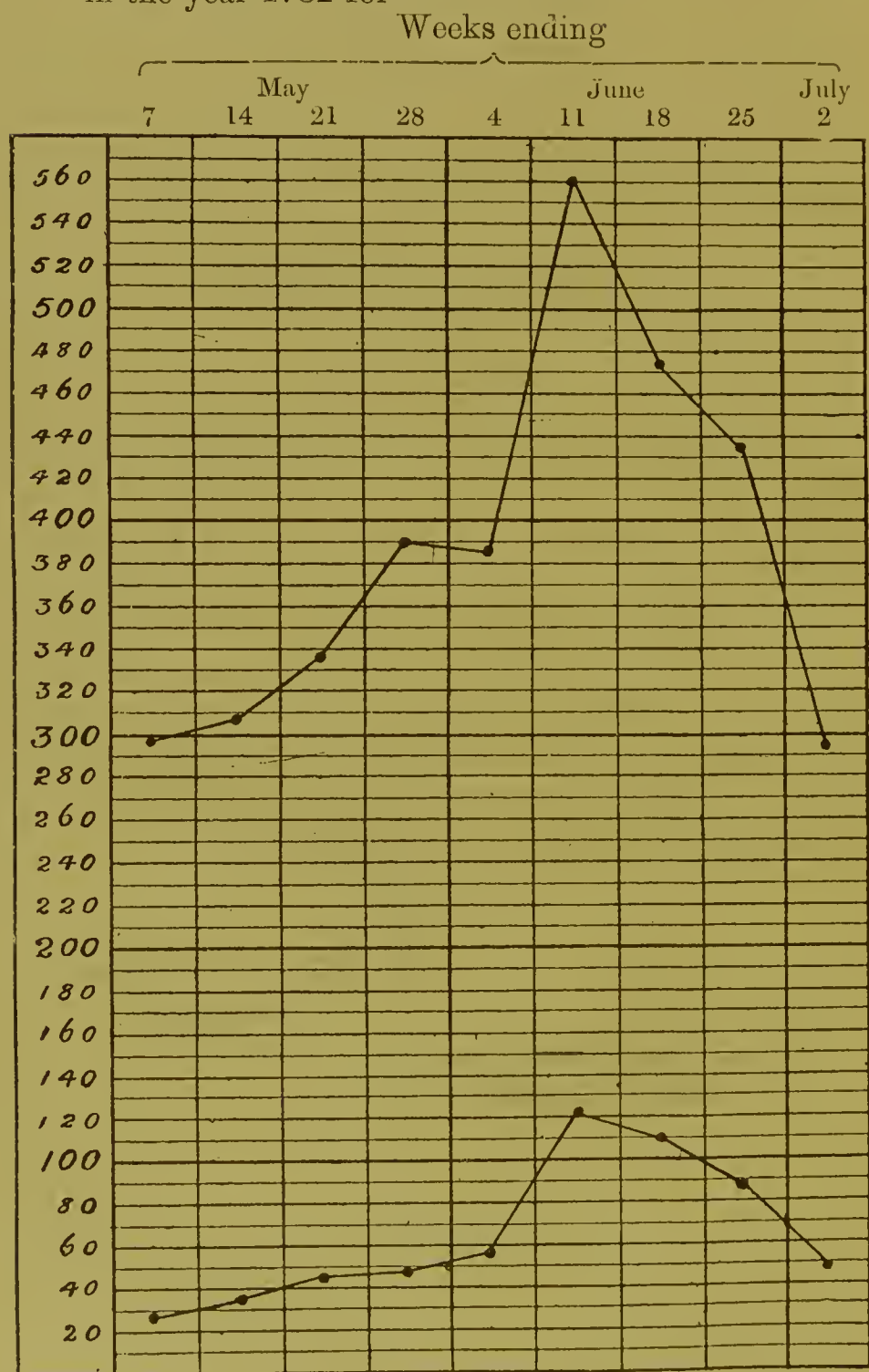


CHART II.

Chart showing the Death Rate per annum per 1,000 living in St. Petersburg during the Influenza epidemic in 1889-90 for Weeks ending—

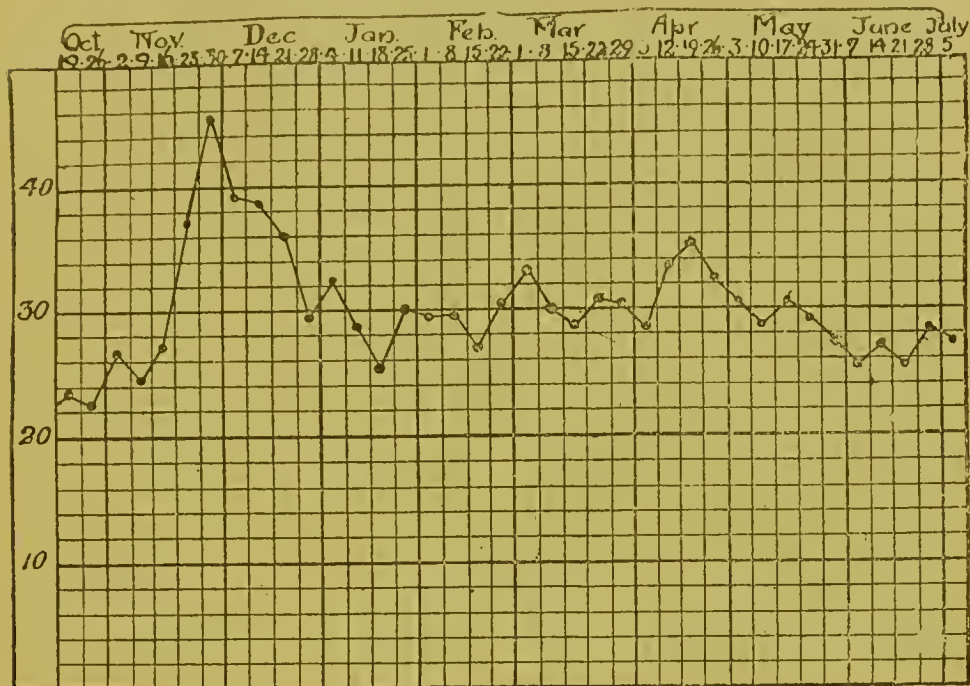


CHART III.

Death Rate per annum per 1,000 living in Vienna during the epidemic in 1889-90 for Weeks ending—

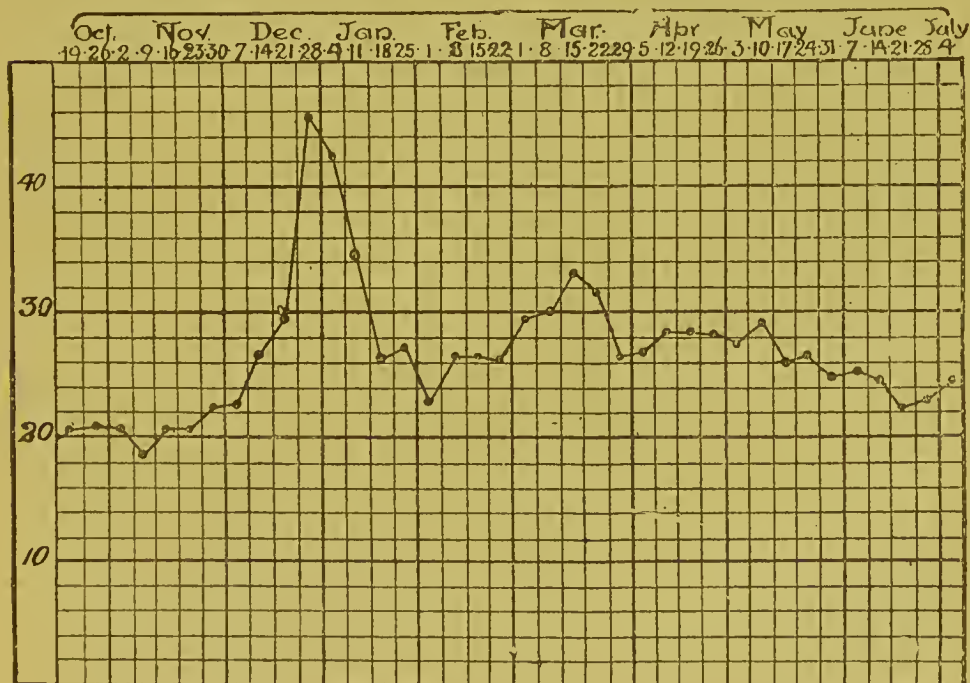


CHART IV.

Death Rate per annum per 1,000 living in Berlin during the influenza epidemic in 1889-90 for Weeks ending—

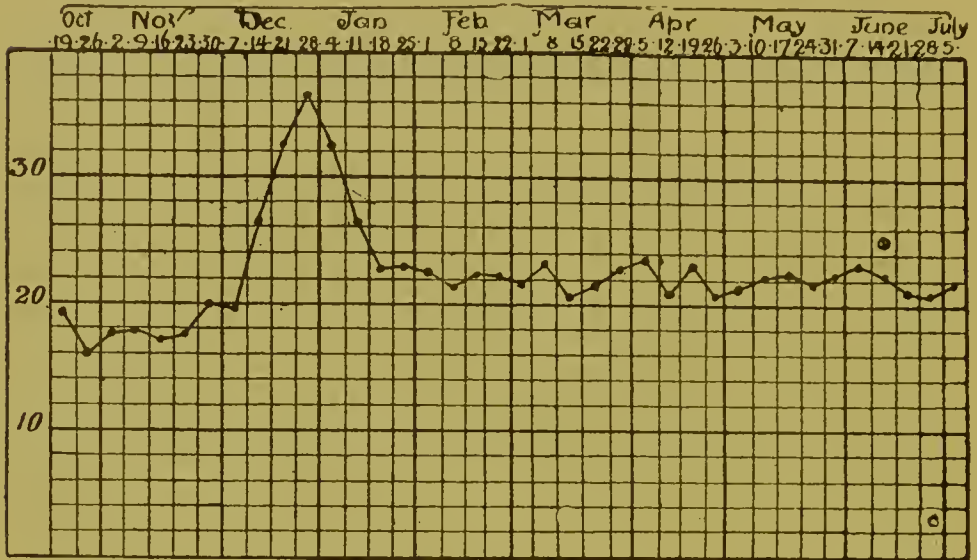


CHART V.

Death Rate per annum per 1,000 living in Paris during the influenza epidemic in 1889-90 for Weeks ending—



CHART VI.

Chart showing the Death Rate per annum per 1,000 living in London during the influenza epidemic in 1889-90 for Weeks ending—

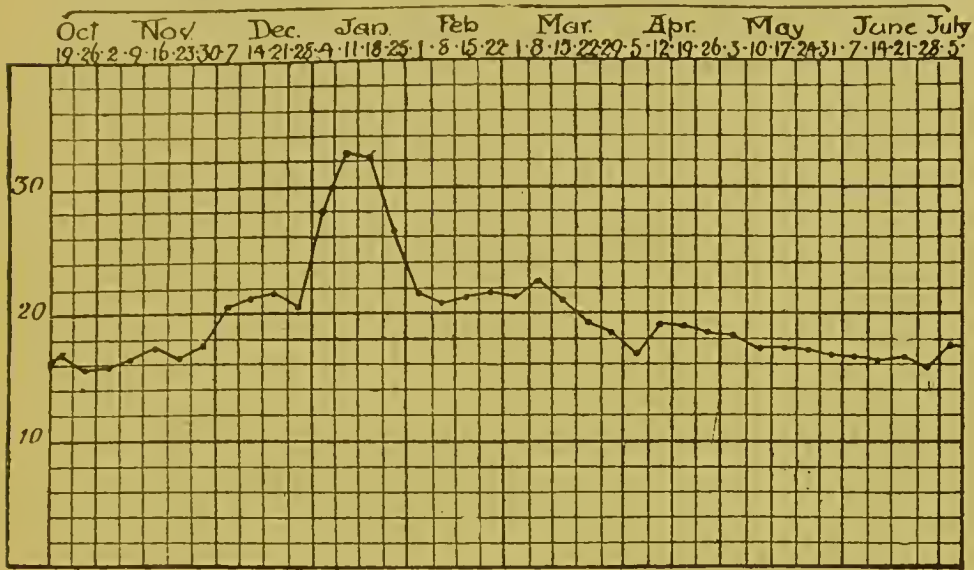


CHART VII.

Death Rate per annum per 1,000 living in New York during the epidemic in 1889-90 for Weeks ending—



ON

THE SPREAD OF INFLUENZA

BY

CONTAGION,

Read before the Epidemiological Society, May 20, 1891.



Sir James Moore, in a paper which he recently read before the Epidemiological Society, strongly pointed out the injurious effect of attaching too much importance to “authority” in matters of science. I have lately been much struck by the truth of this observation.

Until the occurrence of the epidemic of influenza in 1889–90 very few living physicians knew from personal observation anything about the disease or its method of spread. They had, therefore, to rely on the teaching of the past, and I think many of them placed almost implicit reliance on the statements of Sir Thomas Watson, many of whose observations they have been able to verify in the case of other diseases, and whose writings possess a charm which is certainly absent in current medical text books.

On the method of the spread of influenza Watson taught that contagion played but a small part. “I have remarked,” he says, “that Cullen makes this species of catarrh to proceed from contagion.

* “Lectures on the Principles and Practice of Physic.” Lond., 1853. Vol. II., p. 41.

“ But the visitation is a great deal too sudden and
 “ too widely spread to be capable of explanation in
 “ that way. The occurrence of epidemic catarrh,
 “ as well as of most other epidemics, is unques-
 “ tionably connected with some particular state or
 “ contamination of the atmosphere. . . .”

This teaching was, I think, generally accepted, and Watson's classical description of the disease, as it occurred in 1837, was extensively quoted. But the epidemic of 1889-90 was by no means a sudden visitation. There were isolated cases in different parts of this town long before there was any general infection of the population. Many of the first sufferers were seized immediately after their return from Paris, and some of the first cases I saw were patients from hotels where foreign travellers had been staying.

Early in the epidemic facts came to my notice which pointed to contagion as an important means by which the disease was spread. The infection in the earliest case recorded in England* was, I believe, contracted at a Christmas party, and I felt convinced that I took the disease from this patient. Early in January, whilst I was out of town trying to get over the effects of the malady, I was called to see a lady who had a recurrence of the disease. A young lady who was staying with her (and who was much in her company both by day and night) soon took the disease, and in her turn, as it seemed to me, communicated it to a servant who was with her in a house to which she afterwards went. These observations are not in themselves striking, and I only quote them because they inclined me to

* “Lancet,” Jan. 4, 1890.

the view that the disease was contagious, and that idea, together with a knowledge of the fact that influenza in London occurred at first in isolated centres, led me to take an interest in the general spread of the disorder through England, and I became doubtful about the truth of the conclusions arrived at by Watson as to the method of the spread of the malady. I look forward to the report of the Local Government Board which will, doubtless, be of great use in showing (1) the date of the first appearance of the disease in different parts of the country ; (2) how far the first cases occurred in people who had come from infected places ; (3) how long a time elapsed between the first appearance of the disease and the general infection of the population. Until the report is published, we must content ourselves with the information at present at our disposal, and, fortunately, the newspapers both of town and of country districts give many facts.

Without relying too confidently on the absolute accuracy of this information, and making allowance for possible errors, we are able to get a general view of the progress of the epidemic.

Edinburgh it seems was affected about the same time as London and Colchester. Canterbury and Portsmouth suffered early in January. The disease was spreading in Devonshire and Monmouth during the first week in February, and was raging in Wales as late as March.

At Chelmsford, Durham, and Bury isolated cases occurred before there was a general infection of the population, and at the latter place people living in the town were affected before the inhabitants of the surrounding villages suffered.

In Nottingham and Birmingham the railway servants were the people first affected.

It would be tedious and useless to give a full analysis of the information given in a collection of many hundreds of newspaper cuttings; but a careful consideration of the material at my disposal convinces me that towns were generally affected earlier than country districts, and the more remote parts of the country later than places near London; that in many towns there is distinct evidence that the disease first occurred in isolated centres; that there is no evidence of the sudden seizure of a large number of people without the previous existence of isolated cases of the disease; finally, that where there was little human intercourse, villiages and country districts directly between large towns, often escaped infection till some time after the towns were affected.

The last-mentioned observation disproves the theory that the infection is entirely wind-borne. A valuable observation bearing on this matter was made during the epidemic of 1782, and was recorded by Dr. Gray on the authority of Dr. Ruston, of Exeter. Writing of the spread of the disease, he says: "At Dartmouth it began much sooner, " and at Tinmouth, which lies between both, much " later than at Exeter."*

I do not think that the importance of such facts can be overlooked in a consideration of the method of spread of the disease; *i.e.*, as to whether personal contact or what is called aerial infection forms the chief means of conveyance.

* "Medical Communications," Vol. I., p. 61, note. London, 1784.

The idea that contagion plays a great part in the spread of the disorder is a very old one, and as early as 1743, when Rome was affected, the Pope ordered a land quarantine to check its spread. In the same year at Messina a ship suspected of being the means of conveying the disease was burnt, and all letters from foreign parts were perfumed.*

The records of the old English medical writers are full of facts pointing to the spread of influenza by contagion.

In 1782, according to the evidence of Dr. Clark, the disease was imported to Shields from London by a ship.† In the same year the first two patients who suffered from the disorder at Norwich were people who had lately arrived from London, where it was then raging.

Dr. Haygarth, of Chester, gave many similar examples. In answer to a question as to the introduction of the disease, he wrote :

“ 1. That the first patient who had the disease in Frodsham was seized with it as he was returning thither from Manchester. 2. That at Malpas, the first patient was the landlady of the inn and her family, a week sooner than any other patient in the town. 3. That the first person who had the distemper in Middlewich brought it from Liverpool. 4. That the first person affected with the Influenza at Mold had been at Chester a few days before, in a family ill of the distemper. 5. That a gentleman arrived at Oswestry ill of the Influenza before the inhabitants were attacked. 6. That at Tarporley

* “Gentlemen’s Magazine,” Vol. XIII.

† “Medical Communications, Vol. I., p. 63, note. London, 1784.

the first person seized was a postillion who had driven a chaise thither from Warrington, where the distemper had previously appeared. 7. That at Wrexham the first patient came from Chester, and the second from Shrewsbury.”*

In the epidemic of 1803 similar cases were reported from Exeter, Cirencester, and other places, and there was evidence that the disease was imported into the Isle of Man by a Liverpool packet.

During the late epidemic, I think sufficient importance was not attached to the contagious nature of the disease, and many medical men thought that direct infection played quite a subordinate part in the spread of the malady, or even that the disorder was not contagious at all. Thus, the report issued by the Local Government Board for Ireland contains the following passage:—

“On the subject of the origin and mode of extension of the epidemic in Ireland, the views expressed by medical officers differ, but that a general consensus of opinion to the effect that the disease was of a miasmatic character, that it was air-borne, that it was preceded and accompanied by high temperature and moist atmosphere. A small number of observers consider it infectious and contagious, but the great majority were of opinion that it was not.”

Dr. William Squire in an article on “The Infection of Epidemic Influenza,”† after reviewing

* “Annals of Influenza or Epidemic Catarrhal Fever in Great Britain, from 1510 to 1837.” Prepared and edited by Theophilus Thompson, M.D., F.R.S. Lond., 1852. I have been unable to verify this quotation by referring to Dr. Haygarth’s paper, of which I have not been fortunate enough to see a copy.

† “Lancet,” April 19, 1890.

the evidence he gave, came to the conclusion that "the balance seems rather to be against direct infection as a frequent or potent cause of the spread of Influenza."

The members of the Medical Officers of Schools Association, who had excellent opportunities for investigating the subject, came to a diametrically opposite conclusion, and most of them believed that contagion played a great part in the spread of the disease.* In a valuable paper which was published in the XLIVth. Volume of the "Practitioner,"† Dr. Delépine recorded cases which pointed strongly to direct infection as a cause of spread of Influenza, and gave a careful analysis of the numbers of the cases which occurred at Broadwood's Piano Manufactory, and the dates on which the patients were seized with the disease.

Several carefully observed cases which point to the importance of contagion in the spread of Influenza have been recorded by French observers. Dr. Danguy des Déserts‡ reports that an outbreak on "La Bretagne," a training ship at Brest, immediately followed the exposure of the crew to contagion from an officer who went on board suffering from the disease. Professor Grasset§ has also shown, on the authority of Dr. Bordone, of Frontignan, that the origin of the outbreak in that town could be traced to infection from a merchant who returned from Paris suffering from the disorder, and who

* "Brit. Med. Jour.," May 3, 1890.

† "Is Influenza a contagious or a miasmatic disease?"

‡ "Semaine Médicale," 1890, p. 5.

§ Ibid., p. 4.

gave a dinner party to 10 people, 5 of whom were seized with the disease within two days. These were the first sufferers in Frontignan. Dr. Védel, of Lunel, communicated to Professor Grasset* an account of the origin and spread of Influenza in that place, and Professor Bouchard has put on record the observations of Dr. Tueffart of Montbéliard. These teach the same lesson. I think, however, that I have said enough to show that the disease is contagious.

With regard to the spread by parcels there is less evidence.

Dr. Mease wrote in 1872,† “ I have no shadow of doubt that the disorder was contagious, and am certain I myself received the infection from a small trunk of wearing apparel which came from Dublin, where it then raged. I may add that this was the first introduction of it into the town.”

Dr. Danguy des Déserts‡ has recorded a case pointing strongly to the conclusion that infection was conveyed by means of a parcel of goods from Paris to an officer at Brest.

More evidence on this point is much needed, and I should be very grateful for any fresh information on the subject. The matter is of great importance, for if the spread by goods were distinctly proved it might explain some of the outbreaks which have occurred on ships at sea.

* “ Leçons sur la Grippe de l'Hiver,” 1889–90. Par le Professeur Grasset, Montpellier, 1890, p. 31.

† “ Medical Communications,” Vol. I., p. 56.

‡ “ Semaine Médicale,” 1890, p. 5.

To sum up the conclusions at which I have arrived:—

1. There is no doubt that the disease is contagious.
 2. Isolated cases precede a general infection of the community.
 3. The part played by contagion in the spread of the disease is most important.
 4. There is some evidence in favour of spread of Influenza by goods.
 5. Influenza is not spread in England by a preliminary "contamination of the atmosphere," but the atmosphere is contaminated by individuals who suffer from Influenza.
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The PREVENTION of the SPREAD of EPIDEMIC INFLUENZA;* by RICHARD SISLEY, M.D., M.R.C.P., London.

(Abstract of a Paper read at the Seventh International Congress of Hygiene and Demography, August 1891.)

Influenza occurs sporadically and endemically in China. England suffers from an epidemic only when the disease is *imported*. The disorder spreads along the lines of human intercourse, and the infective material is not always wind-borne. The inhabitants of cities are affected before those of intervening villages.

In many cases it has been observed that the first patient in a district has taken the disease with him from some infected town. Instances of this have been reported from Exeter, Frontignan, Montbéliard, and Brest.

It is said in the most important monograph† which has appeared in English since the late visitation of influenza, that the early cases are “of very little importance in a comprehensive view of the course of the epidemic. They may be looked upon, to use Sir Thomas Watson’s words, ‘as the first droppings of a thunder shower’ The arrival of the great wave of infective material was not until much later, and must be taken as indicated by the occurrence of the disease in large numbers of the population.” This simile

* Reprinted from Abstracts of Papers communicated to the Seventh International Congress of Hygiene and Demography. London, August 10-17, 1891. This paper was sent to the Secretary of Section I., March 1891.

† Epidemic Influenza. By Dr. Frank Clemow. “Public Health,” Vol. II., p. 358.

is more poetic than true. It is not that the isolated drops are followed by a wave of the disease, but *each isolated case becomes a centre of infection, and contagion plays a great part in the spread of the disease.*

The chief means which should be adopted to prevent the spread of influenza are:—I. *Hygienic.* The spread of the disease is less rapid where general hygienic measures are carried out. II. *The use of Prophylactics.* Quinine is not a certain prophylactic, but there is some evidence in favour of the application of a solution of boric acid to the conjunctiva of those exposed to infection. III. *The avoidance of infection is of the greatest importance:* *i.* People suffering from the disease should not give parties or go to public entertainments. *ii.* Every one, as far as possible, and particularly the aged and those in delicate health, should avoid all contact with patients who have influenza. *iii.* Parcels and letters should be disinfected. *iv.* Great care should be taken not to introduce the disease into public institutions, for experience shows that when once introduced it often spreads rapidly, where many people are congregated in a confined space. *v.* Elementary schools should be closed.

COUNSEL'S OPINION ON THE POWERS OF SANITARY
AUTHORITIES AS TO INFLUENZA.

The following questions were submitted to Sir Frederick Pollock for his opinion:—

1. What powers, if any, have Sanitary Authorities over patients suffering from influenza—

(1) at common law?

(2) under the Public Health Act of 1875?

2. Are these powers discretionary or obligatory?

3. What power, if any, has the Local Government Board over Sanitary Authorities to make them carry out the provisions of the law?

4. Does either of these Acts—

(a.) Infectious Diseases Prevention Act, 1890;

(b.) Infectious Diseases (Notification) Act, 1889;

(c.) Public Health (London) Act, 1891;

prevent a Sanitary Authority from taking action at common law?



OPINION.

1. (a.)—There is no doubt that at common law it is an indictable misdemeanour wilfully to expose in a public highway a person suffering from an infectious disorder. The only express modern authorities (*R. v. Vantandillo*, 4 M. & S. 73, *R. v. Burnett*, *ib.* 272, both in 1815) are on indictments against persons who carried about children suffering from small-pox. It would seem that the same principle would apply to any public place, and to a person wilfully exposing himself as well as any other person in his charge, and to any grave contagious disease. Evidently it would not apply to an ailment which, though strictly a “contagious disorder,” is not usually attended with grave consequences even if not specially treated, such as a common cold. The ground of the offence is “endangering the health and lives of the rest of the subjects” (*Le Blanc J.* in *R. v. Vantandillo*).

(b.) Exposure of persons “suffering from any dangerous infectious disorder” is punishable under s. 126 of the Public Health Act, 1875. The Act does not define “dangerous.”

The question is whether influenza comes within either the common law rule or the statutory description.

On the whole, I think it must be within both or neither. What Mr. Justice Le Blanc called “endangering the health and lives of the rest of the subjects” in 1815 seems to be as nearly as possible what the Legislature meant to express by the one word “dangerous” in 1875. If this be so, it is not necessary to consider

whether the statutory provision takes away the remedy by indictment at common law, for it is manifestly better to proceed under the statute. The decisions are still material as showing that the Public Health Acts have not so much created a new offence as provided a more certain and convenient remedy.

Whether the infection of influenza does endanger "the health and lives of the rest of the subjects" is, I conceive, a question that would have to be determined by the Court with such light as is afforded by the state of medical knowledge and by the language of other modern statutes, as well as any specific facts found in the case before it. The omission of influenza from the specific list of infectious diseases dealt with in the closely corresponding provisions of the Public Health (London) Act, 1891 (s. 55, sub-sec. 8, and s. 68) would, in my opinion, be a rather formidable argument against holding it to be a "dangerous infectious disorder" under the Act of 1875. The Legislature must be taken to have been aware in 1891 of the influenza epidemic of 1889-90, and to have thought it sufficient to leave the Sanitary Authority to apply the provisions of the Act to influenza, if thought necessary, under the powers of s. 56. Influenza is not specified in the Infectious Diseases (Notification) Act, 1889, but this is, by reason of the date, much less material.

I think the question a very doubtful one, and can only say that a Local Authority who acted on the opinion that influenza is a "dangerous infectious disorder" within the Public Health Act would have to be prepared for opposition. A mere announcement of intention to act on it would, however, not expose the Local Authority to hostile proceedings, and might meanwhile do good.

My own opinion inclines to the affirmative, but I do not think it possible to say with any confidence what the decision of the Court would be.

2. If the power to deal with influenza in this way does exist, I think it is neither more nor less discretionary than all (not specially qualified) powers of Local Authorities to enforce penal statutes.

3. The Local Government Board has power to compel the performance of duties under the Public Health Act, 1875, by defaulting Local Authorities (s. 299, *cf.* s. 101 of the London Act of 1891). But this power would be exercised only in a clear case.

4. This has been answered under No. 1.

Under ss. 130, 134 of the Public Health Act, 1875, which also apply to London (s. 113 of the London Act of 1891, 54 & 55 Vict. c. 76, and sched. 1), the Local Government Board has large and primary powers of making regulations of its own motion to prevent the spread of epidemic, endemic, or infectious disease. The epithet "formidable" is used in s. 134, but I think the Board would be the judge of what was formidable, within any reasonable limits.

FREDERICK POLLOCK.

13, Old Square,
Lincoln's Inn,
January 15th, 1892.



PUBLIC HEALTH.
[38 & 39 Vict. Ch. 55.]

Arrangement of Sections.

INFECTIOUS DISEASES AND HOSPITALS.

Provisions against Infection.

Section.

120. Duty of local authority to cause premises to be cleansed and disinfected.
121. Destruction of infected bedding, &c.
122. Provision of means of disinfection.
123. Provision of conveyance for infected persons.
124. Removal of infected persons without proper lodging to hospital by order of justice.
125. Removal to hospital of infected persons brought by ships.
126. Penalty on exposure of infected persons and things.
127. Penalty on failing to provide for disinfection of public conveyance.
128. Penalty on letting houses in which infected persons have been lodging.
129. Penalty on persons letting houses making false statements as to infectious disease.
130. Power of Local Government Board to make regulations.

Hospitals.

131. Power of local authority to provide hospitals.
132. Recovery of costs of maintenance of patient in hospital.
133. Power to provide temporary supply of medicine.

PREVENTION OF EPIDEMIC DISEASES.

134. Power of Local Government Board to make regulations for prevention of diseases.
 135. Publication of regulations and orders.
 136. Local authority to see to the execution of regulations.
 137. Power of entry.
 138. Poor law medical officer entitled to costs of attendance on board vessels.
 139. Local Government Board may combine local authorities.
 140. Penalty for violating or obstructing the execution of regulations.
-

INFECTIOUS DISEASES AND HOSPITALS.

Provisions against Infection.

120. Where any local authority are of opinion, on the certificate of their medical officer of health or of any other legally qualified medical practitioner, that the cleansing and disinfecting of any house or part thereof, and of any articles therein likely to retain infection, would tend to prevent or check infectious disease, it shall be the duty of such authority to give notice in writing to the owner or occupier of such house or part thereof requiring him to cleanse and disinfect such house or part thereof and articles within a time specified in such notice.

Duty of local authority to cause premises to be cleansed and disinfected.

If the person to whom notice is so given fails to comply therewith, he shall be liable to a penalty of not less than one shilling and not exceeding ten shillings for every day during which he continues to make default; and the local authority shall cause such house or part thereof and articles to be cleansed and disinfected, and may recover the expenses incurred from the owner or occupier in default in a summary manner.

Where the owner or occupier of any such house or part thereof is from poverty or otherwise unable, in the opinion of the local authority, effectually to carry out the requirements of this section, such authority may, without enforcing such requirements on such owner or occupier, with his consent cleanse and disinfect such house or part thereof and articles, and defray the expenses thereof.

121. Any local authority may direct the destruction of any bedding clothing or other articles which have been exposed to infection from any dangerous infectious disorder, and may give compensation for the same.

Destruction of infected bedding, &c.

122. Any local authority may provide a proper place, with all necessary apparatus and attendance, for the disinfection of bedding clothing or other articles which have become infected, and may cause any articles brought for disinfection to be disinfected free of charge.

Provision of means of disinfection.

Provision of conveyance for infected persons.

123. Any local authority may provide and maintain a carriage or carriages suitable for the conveyance of persons suffering under any infectious disorder, and may pay the expense of conveying therein any person so suffering to a hospital or other place of destination.

Removal of infected persons without proper lodging to hospital by order of justice.

124. Where any suitable hospital or place for the reception of the sick is provided within the district of a local authority, or within a convenient distance of such district, any person who is suffering from any dangerous infectious disorder, and is without proper lodging or accommodation, or lodged in a room occupied by more than one family, or is on board any ship or vessel, may, on a certificate signed by a legally qualified medical practitioner, and with the consent of the superintending body of such hospital or place, be removed, by order of any justice, to such hospital or place at the cost of the local authority; and any person so suffering, who is lodged in any common lodging-house, may, with the like consent and on a like certificate, be so removed by order of the local authority.

An order under this section may be addressed to such constable or officer of the local authority as the justice or local authority making the same may think expedient; and any person who wilfully disobeys or obstructs the execution of such order shall be liable to a penalty not exceeding ten pounds.

Removal to hospital of infected persons brought by ships.

125. Any local authority may make regulations (to be approved of by the Local Government Board) for removing to any hospital to which such authority are entitled to remove patients, and for keeping in such hospital so long as may be necessary, any persons brought within their district by any ship or boat who are infected with a dangerous infectious disorder, and such regulations may impose on offenders against the same reasonable penalties not exceeding forty shillings for each offence.

Penalty on exposure of infected persons and things.

126. Any person who—

- (1.) While suffering from any dangerous infectious disorder wilfully exposes himself without proper precautions against spreading the said disorder in any

street public place shop inn or public conveyance or enters any public conveyance without previously notifying to the owner conductor or driver thereof that he is so suffering; or

(2.) Being in charge of any person so suffering, so exposes such sufferer; or

(3.) Gives lends sells transmits or exposes, without previous disinfection, any bedding clothing rags or other things which have been exposed to infection from any such disorder,

shall be liable to a penalty not exceeding five pounds; and a person who, while suffering from any such disorder, enters any public conveyance without previously notifying to the owner or driver that he is so suffering, shall in addition be ordered by the court to pay such owner and driver the amount of any loss and expense they may incur in carrying into effect the provisions of this Act with respect to disinfection of the conveyance.

Provided that no proceedings under this section shall be taken against persons transmitting with proper precautions any bedding clothing rags or other things for the purpose of having the same disinfected.

127. Every owner or driver of a public conveyance shall immediately provide for the disinfection of such conveyance after it has to his knowledge conveyed any person suffering from a dangerous infectious disorder; and if he fails to do so he shall be liable to a penalty not exceeding five pounds; but no such owner or driver shall be required to convey any person so suffering until he has been paid a sum sufficient to cover any loss or expense incurred by him in carrying into effect the provisions of this section.

Penalty on failing to provide for disinfection of public conveyance.

128. Any person who knowingly lets for hire any house room or part of a house in which any person has been suffering from any dangerous infectious disorder, without having such house room or part of a house and all articles therein liable to retain infection, disinfected to the satisfaction of a legally qualified medical practitioner, as testified by a certificate signed by him, shall be liable to a penalty not exceeding twenty pounds.

Penalty on letting houses in which infected persons have been lodging.

For the purposes of this section, the keeper of an inn shall be deemed to let for hire part of a house to any person admitted as a guest into such inn.

Penalty on persons letting houses making false statements as to infectious disease.

129. Any person letting for hire or showing for the purpose of letting for hire any house or part of a house, who on being questioned by any person negotiating for the hire of such house or part of a house as to the fact of there being or within six weeks previously having been therein any person suffering from any dangerous infectious disorder, knowingly makes a false answer to such question, shall be liable, at the discretion of the court, to a penalty not exceeding twenty pounds, or to imprisonment, with or without hard labour, for a period not exceeding one month.

Power of Local Government Board to make regulations.

130. The Local Government Board may from time to time make alter and revoke such regulations as to the said Board may seem fit, with a view to the treatment of persons affected with cholera, or any other epidemic endemic or infectious disease, and preventing the spread of cholera and such other diseases, as well on the seas rivers and waters of the United Kingdom, and on the high seas within three miles of the coasts thereof, as on land; and may declare by what authority or authorities such regulations shall be enforced and executed. Regulations so made shall be published in the London Gazette, and such publication shall be for all purposes conclusive evidence of such regulations.

Any person wilfully neglecting or refusing to obey or carry out or obstructing the execution of any regulation made under this section shall be liable to a penalty not exceeding fifty pounds.

Hospitals.

Power of local authority to provide hospitals.

131. Any local authority may provide for the use of the inhabitants of their district hospitals or temporary places for the reception of the sick, and for that purpose may—

Themselves build such hospitals or places of reception;

or

Contract for the use of any such hospital or part of a hospital or place of reception; or

Enter into any agreement with any person having the management of any hospital, for the reception of the sick inhabitants of their district, on payment of such annual or other sum as may be agreed on.

Two or more local authorities may combine in providing a common hospital.

132. Any expenses incurred by a local authority in maintaining in a hospital, or in a temporary place for the reception of the sick (whether or not belonging to such authority), a patient who is not a pauper, shall be deemed to be a debt due from such patient to the local authority, and may be recovered from him at any time within six months after his discharge from such hospital or place of reception, or from his estate in the event of his dying in such hospital or place.

Recovery of costs of maintenance of patient in hospitals.

133. Any local authority may, with the sanction of the Local Government Board, themselves provide or contract with any person to provide a temporary supply of medicine and medical assistance for the poorer inhabitants of their district.

Power to provide temporary supply of medicine.

PREVENTION OF EPIDEMIC DISEASES.

134. Whenever any part of England appears to be threatened with or is affected by any formidable epidemic endemic or infectious disease, the Local Government Board may make and from time to time alter and revoke regulations for all or any of the following purposes; (namely),

Power of Local Government Board to make regulations for prevention of diseases.

(1.) For the speedy interment of the dead; and

(2.) For house to house visitation; and

(3.) For the provision of medical aid and accommodation, for the promotion of cleansing ventilation and disinfection, and for guarding against the spread of disease;

and may by order declare all or any of the regulations so made to be in force within the whole or any part or parts of the district of any local authority, and to apply to any

vessels, whether on inland waters or on arms or parts of the sea within the jurisdiction of the Lord High Admiral of the United Kingdom or the commissioners for executing the office of the Lord High Admiral for the time being, for the period in such order mentioned; and may by any subsequent order abridge or extend such period.

Publication of regulations and orders.

135. All regulations and orders so made by the Local Government Board shall be published in the London Gazette, and such publication shall be conclusive evidence thereof for all purposes.

Local authority to see to the execution of regulations.

136. The local authority of any district within which or part of which regulations so issued by the Local Government Board are declared to be in force, shall superintend and see to the execution thereof, and shall appoint and pay such medical or other officers or persons, and do and provide all such acts matters and things as may be necessary for mitigating any such disease, or for superintending or aiding in the execution of such regulations, or for executing the same, as the case may require. Moreover, the local authority may from time to time direct any prosecution or legal proceedings for or in respect of the wilful violation or neglect of any such regulation.

Power of entry.

137. The local authority and their officers shall have power of entry on any premises or vessel for the purpose of executing or superintending the execution of any regulations so issued by the Local Government Board as aforesaid.

Poor law medical officer entitled to costs of attendance on board vessels.

138. Whenever, in compliance with any regulations so issued by the Local Government Board as aforesaid, any poor law medical officer performs any medical service on board any vessel he shall be entitled to charge extra for such service, at the general rate of his allowance for services for the union or place for which he is appointed; and such charges shall be payable by the captain of such vessel on behalf of the owners thereof, together with any reasonable expenses for the treatment of the sick.

Where such services are rendered by any medical practitioner who is not a poor law medical officer, he shall be entitled to charges for any service rendered on board, with extra remuneration on account of distance, at the same rate as those which he is in the habit of receiving from private patients of the class of those attended and treated on ship-board, to be paid as aforesaid. In case of dispute in respect of such charges, such dispute may, where the charges do not exceed twenty pounds, be determined by a court of summary jurisdiction; and such court shall determine summarily the amount which is reasonable, according to the accustomed rate of charge within the place where the dispute arises for attendance on patients of the like class as those in respect of whom the charge is made.

139. The Local Government Board may, if they think fit, by order authorise or require any two or more local authorities to act together for the purposes of the provisions of this Act relating to prevention of epidemic diseases, and may prescribe the mode of such joint action and of defraying the costs thereof.

Local Government Board may combine local authorities.

140. Any person who—

(1.) Wilfully violates any regulation so issued by the Local Government Board as aforesaid; or

Penalty for violating or obstructing the execution of regulations.

(2.) Wilfully obstructs any person acting under the authority or in the execution of any such regulation, shall be liable to a penalty not exceeding five pounds.

MORTUARIES, &c.

141. Any local authority may, and if required by the Local Government Board shall, provide and fit up a proper place for the reception of dead bodies before interment (in this Act called a mortuary), and may make byelaws with respect to the management and charges for use of the same; they may also provide for the decent and economical interment, at charges to be fixed by such byelaws, of any dead body which may be received into a mortuary.

Power of local authority to provide mortuaries.

Justice may in certain cases order removal of dead body to mortuary.

142. Where the body of one who has died of any infectious disease is retained in a room in which persons live or sleep, or any dead body which is in such a state as to endanger the health of the inmates of the same house or room is retained in such house or room, any justice may, on a certificate signed by a legally qualified medical practitioner, order the body to be removed, at the cost of the local authority, to any mortuary provided by such authority, and direct the same to be buried within a time to be limited in such order; and unless the friends or relations of the deceased undertake to bury the body within the time so limited, and do bury the same, it shall be the duty of the relieving officer to bury such body at the expense of the poor rate, but any expense so incurred may be recovered by the relieving officer in a summary manner from any person legally liable to pay the expense of such burial.

Any person obstructing the execution of an order made by a justice under this section shall be liable to a penalty not exceeding five pounds.

Power of local authority to provide places for post-mortem examinations.

143. Any local authority may provide and maintain a proper place (otherwise than at a workhouse or at a mortuary) for the reception of dead bodies during the time required to conduct any post-mortem examination ordered by a coroner or other constituted authority, and may make regulations with respect to the management of such place; and where any such place has been provided, a coroner or other constituted authority may order the removal of the body to and from such place for carrying out such post-mortem examination, such costs of removal to be paid in the same manner and out of the same fund as the costs and fees for post-mortem examinations when ordered by the coroner.

EPIDEMIC AND OTHER DISEASES PREVENTION ACT, 1883.

CHAPTER 59.

An Act to make better provision for the Prevention of outbreaks of formidable epidemic, endemic, or infectious diseases, and to amend the Public Health Act, England, 1875, and the Public Health Act, Ireland, 1878. A.D. 1883.
—
[25th August 1883.]

BE it enacted by the Queen's most Excellent Majesty, Preamble.
by and with the advice and consent of the Lords
Spiritual and Temporal, and Commons, in this present
Parliament assembled, and by the authority of the same,
as follows :

1. This Act may be cited as the Epidemic and other Short title.
Diseases Prevention Act, 1883.

2. Whenever any part of England or of Ireland appears to be threatened with or affected by any formidable epidemic, endemic, or infectious disease, and the Local Government Board, England, under the provisions of the Public Health Act, England, 1875, or the Local Government Board, Ireland, under the provisions of the Public Health Act, Ireland, 1878, make regulations for all or any of the following purposes, namely : Extension of
borrowing
powers for
preventing
disease.
38 & 39 Vict.
c. 55.
41 & 42 Vict.
c. 52.

- (1.) For the speedy interment of the dead.
- (2.) For house to house visitation.
- (3.) For the provision of medical aid and hospital accommodation ; and
- (4.) For the promotion of cleansing, ventilation, and disinfection, and for guarding against the spread of disease.

The purposes named in the said regulations, shall be deemed to be purposes for which sanitary authorities may borrow money, and the local authorities in England, and the sanitary authorities in Ireland, charged with the carrying out of such regulations, may borrow, and the

A.D. 1883.

Public Works Loan Commissioners in England and the Board of Public Works in Ireland may lend money to such authorities, as if such purposes were "works" for which loans may be granted under the Public Health Act, England, 1875, and the Public Health Act, Ireland, 1878.

Such loans may be made forthwith and without any preliminary public notice or inquiry, if it appear to the Local Government Board desirable in order to the prompt and effective execution of such regulations.

Amendment of
clause 150 of
Public Health
Act, Ireland,
1878.

3. Whereas by the one hundred and fiftieth section of the Public Health Ireland Act, 1878, the board of guardians of any union in which regulations for prevention of the spread of formidable epidemic, endemic, or infectious diseases made by the Local Government Board are declared to be in force, are the authority appointed to superintend and see to the execution of such regulations, to the exclusion of all other sanitary authorities.

And whereas in the event of the outbreak of any formidable epidemic, such exclusion of the urban sanitary authority in cities and large towns might lead to delay and inconvenience.

Be it enacted that whenever the Local Government Board, Ireland, shall make any such regulations, the Board may direct the urban sanitary authority within any district in which such regulations shall be declared to be in force, to superintend and see to the execution of such regulations, or any of them, either independently or jointly with the board of guardians of any union within which or within part of which regulations so issued by the Local Government Board are declared to be in force, and thereupon every urban sanitary authority so directed by the Local Government Board shall have the like powers and authority in every respect as the board of guardians of any union within such district.

INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.
[52 & 53 Vict. Ch. 72.]

Arrangement of Sections.

A.D. 1889.

Section.

1. Short title.
 2. Extent of Act.
 3. Notification of infectious disease.
 4. As to forms and case of several medical practitioners.
 5. Adoption of Act in urban or rural district.
 6. Definition of infectious disease.
 7. Power to local authority to extend definition of infectious disease.
 8. Notices and certificates.
 9. Expenses.
 10. Repayment of expenses in London as expenses of managers of asylum district.
 11. Non-disqualification of medical officer by receipt of fees.
 12. Application of Act to Woolwich.
 13. Application of Act to vessels, tents, &c.
 14. Saving for local Act.
 15. Exemption of Crown buildings.
 16. Definitions.
 17. Application of Act to Scotland.
 18. Application of Act to Ireland.
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INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.

CHAPTER 72.

A.D. 1889. An Act to provide for the Notification of Infectious
 Disease to Local Authorities.

[30th August 1889.]

BE it enacted by the Queen's most Excellent Majesty,
by and with the advice and consent of the Lords
Spiritual and Temporal, and Commons, in this present
Parliament assembled, and by the authority of the same,
as follows :

Short title. 1. This Act may be cited as the Infectious Disease
(Notification) Act, 1889.

Extent of Act. 2. This Act shall extend—
 (a) to every London district after the expiration of two
 months from the passing of this Act, and
 (b) to any urban, rural, or port sanitary district after
 the adoption thereof.

Notification
of infectious
disease. 3.—(1.) Where an inmate of any building used for
human habitation within a district to which this Act
extends is suffering from an infectious disease to which
this Act applies, then, unless such building is a hospital in
which persons suffering from an infectious disease are
received, the following provisions shall have effect, that is
to say :—

(a) the head of the family to which such inmate (in
this Act referred to as the patient) belongs, and in his
default the nearest relatives of the patient present in
the building or being in attendance on the patient,
and in default of such relatives every person in charge
of or in attendance on the patient, and in default of

any such person the occupier of the building shall, as soon as he becomes aware that the patient is suffering from an infectious disease to which this Act applies, send notice thereof to the medical officer of health of the district :

(b.) every medical practitioner attending on or called in to visit the patient shall forthwith, on becoming aware that the patient is suffering from an infectious disease to which this Act applies, send to the medical officer of health for the district a certificate stating the name of the patient, the situation of the building, and the infectious disease from which, in the opinion of such medical practitioner, the patient is suffering.

(2.) Every person required by this section to give a notice or certificate who fails to give the same, shall be liable on summary conviction in manner provided by the Summary Jurisdiction Acts to a fine not exceeding forty shillings ;

Provided that if a person is not required to give notice in the first instance, but only in default of some other person, he shall not be liable to any fine if he satisfies the court that he had reasonable cause to suppose that the notice had been duly given.

4.—(1.) The Local Government Board may from time to time prescribe forms for the purpose of certificates under this Act, and any forms so prescribed shall be used in all cases to which they apply. As to forms and case of several medical practitioners.

(2.) The local authority shall gratuitously supply forms of certificate to any medical practitioner residing or practising in their district who applies for the same, and shall pay to every medical practitioner for each certificate duly sent by him in accordance with this Act a fee of two shillings and sixpence if the case occurs in his private practice, and of one shilling if the case occurs in his practice as medical officer of any public body or institution.

(3.) Where in any district of a local authority there are two or more medical officers of health of such authority a certificate under this Act shall be given to such one of those officers as has charge of the area in which is the

patient referred to in the certificate, or to such other of those officers as the local authority may from time to time direct.

Adoption of
Act in urban
or rural
district.

5.—(1.) The local authority of any urban, rural, or port sanitary district may adopt this Act by a resolution passed at a meeting of such authority; and fourteen clear days at least before such meeting special notice of the meeting, and of the intention to propose such resolution, shall be given to every member of the local authority, and the notice shall be deemed to have been duly given to a member if it is either :

- (a.) given in the mode in which notices to attend meetings of the local authority are usually given, or
- (b) where there is no such mode, then signed by the clerk of the local authority and delivered to the member or left at his usual or last known place of abode in England, or forwarded by post in a prepaid letter addressed to the member at his usual or last known place of abode in England.

(2.) A resolution adopting this Act shall be published by advertisement in a local newspaper, and by handbills, and otherwise in such manner as the local authority think sufficient for giving notice thereof to all persons interested, and shall come into operation at such time, not less than one month after the first publication of the advertisement of the resolution as the local authority may fix, and upon its coming into operation this Act shall extend to the district.

(3.) A copy of the resolution shall be sent to the Local Government Board when it is published.

Definition of
infectious
disease.

6. In this Act the expression "infectious disease to which this Act applies" means any of the following diseases, namely, small-pox, cholera, diphtheria, membranous croup, erysipelas, the disease known as scarlatina or scarlet fever, and the fevers known by any of the following names, typhus, typhoid, enteric, relapsing, continued, or puerperal, and includes as respects any particular district any infectious disease to which this Act has been applied by the local authority of the district in manner provided by this Act,

7.—(1.) The local authority of any district to which this Act extends may, from time to time, by a resolution passed at a meeting of such authority where the like special notice of the meeting and of the intention to propose the resolution has been given as is required in the case of a meeting held for adopting this Act, order that this Act shall apply in their district to any infectious disease other than a disease specifically mentioned in this Act.

Power to local authority to extend definition of infectious disease.

(2.) Any such order may be permanent or temporary, and, if temporary, the period during which it is to continue in force shall be specified therein, and any such order may be revoked or varied by the local authority which made the same.

(3.) An order under this section and the revocation and variation of any such order shall not be of any validity until approved by the Local Government Board.

(4.) When it is so approved, the local authority shall give public notice thereof by advertisement in a local newspaper and by handbills, and otherwise in such manner as the local authority think sufficient for giving information to all persons interested. They shall also send a copy thereof to each registered medical practitioner whom, after due inquiry, they ascertain to be residing or practising in their district.

(5.) The said order shall come into operation at such date not earlier than one week after the publication of the first advertisement of the approved order as the local authority may fix, and upon such order coming into operation, and during the continuance thereof, an infectious disease mentioned in such order shall, within the district of the authority, be an infectious disease to which this Act applies.

(6.) In the case of emergency three clear days' notice under this section shall be sufficient, and the resolution shall declare the cause of such emergency and shall be for a temporary order, and a copy thereof shall be forthwith sent to the Local Government Board and advertised, and the order shall come into operation at the expiration of one week from the date of such advertisement, but unless approved by the Local Government Board shall cease to be

in force at the expiration of one month after it is passed, or any earlier date fixed by the Local Government Board.

(7.) The approval of the Local Government Board shall be conclusive evidence that the case was one of emergency.

Notices and
certificates.

8.—(1.) A notice or certificate for the purposes of this Act shall be in writing or print, or partly in writing and partly in print; and for the purposes of this Act the expression “print” includes any mechanical mode of reproducing words.

(2.) A notice or certificate to be sent to a medical officer of health in pursuance of this Act may be sent by being delivered to the officer or being left at his office or residence, or may be sent by post addressed to him at his office or at his residence.

Expenses.

9. Any expenses incurred by a local authority in the execution of this Act shall be paid as part of the expenses of such authority in the execution of the Acts relating to public health and in the case of a rural authority shall be general expenses.

Repayment of
expenses in
London as
expenses of
managers of
asylum
district.

10. Where a medical officer of health receives in pursuance of this Act a certificate of a medical practitioner relating to a patient within the metropolitan asylum district, he shall within twelve hours after such receipt forward a copy thereof to the managers of that district, and those managers shall repay to the local authority the amounts paid by that authority in respect of those certificates of which copies have been sent to the managers as required by this section, and shall repay those amounts out of the fund out of which the general expenses of the managers are paid. The managers shall send weekly to the London County Council such return of the infectious diseases of which they receive certificates in pursuance of this Act as the London County Council from time to time require.

Non-disqualifi-
cation of
medical officer
by receipt of
fees.

11. A payment made to any medical practitioner in pursuance of this Act shall not disqualify that practitioner for serving as member of the council of any county or borough, or as member of a sanitary authority, or as guardian of a union, or in any municipal or parochial office.

Where a medical practitioner attending on a patient is himself the medical officer of health of the district, he shall be entitled to the fee to which he would be entitled if he were not such medical officer.

12. This Act shall apply to the Local Board of Woolwich in like manner as if it were a vestry under the Metropolis Management Act, 1855, and that board shall appoint and pay a medical officer of health, and all enactments relating to medical officers of health within the administrative county of London shall apply to the medical officer of health of Woolwich.

Application of
Act to Wool-
wich.
18 & 19 Vict.
c. 120.

13.—(1.) The provisions of this Act shall apply to every ship, vessel, boat, tent, van, shed, or similar structure used for human habitation, in like manner as nearly as may be as if it were a building.

Application of
Act to vessels,
tents, &c.

(2.) A ship, vessel, or boat, lying in any river, harbour, or other water not within the district of any local authority within the meaning of this Act shall be deemed for the purposes of this Act to be within the district of such local authority as may be fixed by the Local Government Board, and where no local authority has been fixed, then of the local authority of the district which nearest adjoins the place where such ship, vessel, or boat is lying.

(3.) This section shall not apply to any ship, vessel, or boat belonging to any foreign Government.

14. Where this Act is put in force in any district in which there is a local Act for the like purpose as this Act, the enactments of such local Act, so far as they relate to that purpose, shall cease to be in operation.

Saving for
local Act.

15. Nothing in this Act shall extend to any building, ship, vessel, boat, tent, van, shed, or similar structure belonging to Her Majesty the Queen, or to any inmate thereof.

Exemption of
Crown build-
ings.

16. In this Act—

The expression “local authority” means each of the following authorities; that is to say,—

Definitions.

(a) the Commissioners of Sewers in the City of London;

18 & 19 Vict.
c. 120.
48 & 49 Vict.
c. 33.
50 & 51 Vict.
c. 17.

(b) the vestry under the Metropolis Management Act, 1855, of a parish in Schedule A, and the district board of a district in Schedule B to the Metropolis Management Act, 1855, as amended by the Metropolis Management Amendment Act, 1885, and the Metropolis Management (Battersea and Westminster) Act, 1887 ;

(c) an urban or rural sanitary authority in England within the meaning of the Public Health Acts ; and

(d) the port sanitary authority of any port sanitary district in England.

The expression "London district" means the City of London or the parish or district mentioned in Schedule A or Schedule B of the Metropolis Management Act, 1855, for which a local authority is elected :

The expression "urban or rural district" means the district for which any such urban or rural sanitary authority is elected :

The expression "port sanitary district" means the port sanitary district of London and any port or part of a port for which a port sanitary authority has been constituted under the Public Health Acts, and any such port sanitary district shall form no part, for the purposes of this Act, of any urban or rural district :

The expression "occupier" includes a person having the charge, management, or control of a building, or of the part of a building in which the patient is, and in the case of a house the whole of which is let out in separate tenements, or in the case of a lodging-house the whole of which is let to lodgers, the person receiving the rent payable by the tenants or lodgers either as his own account or as the agent of another person, and in the case of a ship, vessel, or boat, the master or other person in charge thereof.

Application
of Act to
Scotland.

17. In the application of this Act to Scotland—

The expression "Local Government Board" shall mean Board of Supervision :

The expression "Summary Jurisdiction Acts" shall mean the Summary Jurisdiction (Scotland) Acts, 1864 and 1881, and any Act amending the same :

The expression "local authority" shall mean the local authority as defined by the Public Health (Scotland) Act, 1867, and any Act amending the same:

The expression "England" in section five shall mean Scotland:

The powers contained in this Act shall be in addition to and not in lieu of any powers existing in any local authority by virtue of any general or local Act.

18. This Act shall apply to Ireland, with the following modifications: Application
of Act to
Ireland.

(1.) In this Act, unless the context otherwise requires—

The expression "Local Government Board" means the Local Government Board for Ireland:

The expression "local authority" means an urban or rural sanitary authority within the meaning of the Public Health (Ireland) Act, 1878:

41 & 42 Vict.
c. 52.

The word "district" means urban sanitary district or rural sanitary district, as the case may be, within the meaning of the said Act:

The expression "clerk of the local authority" includes, in the case of an urban sanitary authority, town clerk and secretary:

(2.) References to a place of abode in England shall be construed to refer to a place of abode in Ireland.

(3.) Offences under this Act may be prosecuted, and fines under this Act may be recovered, in manner directed by the Summary Jurisdiction Acts, before a court of summary jurisdiction constituted in the manner mentioned in the two hundred and forty-ninth section of the Public Health (Ireland) Act, 1878.

41 & 42 Vict.
c. 52.

INFECTIOUS DISEASE (PREVENTION) ACT, 1890.
[53 & 54 Vict. Ch. 34.]

A.D. 1890.

Arrangement of Sections.

Section.

1. Short title.
2. Definitions.
3. Extent of Act.
4. Inspection of dairies in certain cases: power to prohibit supply of milk.
5. Cleansing and disinfecting of premises, &c.
6. Disinfection of bedding, &c.
7. Penalty on persons ceasing to occupy houses without previous disinfection or giving notice to owner, or persons making false answers.
8. Prohibiting retention of dead bodies in certain cases.
9. Bodies of persons dying of infectious diseases in hospital, &c., to be removed only for burial.
10. Justices may in certain cases order dead bodies to be buried.
11. Disinfection of public conveyances if used for carrying corpses.
12. Detention of infected person without proper lodging in hospital by order of justice.
13. Infectious rubbish thrown into ashpits, &c., to be disinfected.
14. Notice of certain provisions.

INFECTIOUS DISEASE (PREVENTION) ACT, 1890. 73

Section.

A.D. 1890.

15. Temporary shelter, &c.
 16. Penalties.
 17. Power of entry for purposes of s. 5.
 18. Recovery and application of penalties.
 19. Superseding in certain cases of provisions in local Acts.
 20. Expenses.
 21. Power of local authority to rescind adoption of Act.
 22. Extent of Act.
 23. Application of Act to Ireland.
 24. Saving for Acts relating to dairies, animals, &c.
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INFECTIOUS DISEASE (PREVENTION) ACT, 1890.

CHAPTER 34.

A.D. 1890. An Act to prevent the Spread of Infectious Disease.
[4th August 1890.]

BE it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows :

Short title. 1. This Act may be cited as the Infectious Disease (Prevention) Act, 1890.

Definitions. 2. Expressions used in this Act shall, unless the context otherwise requires, have the same meaning as the like expressions used in the Infectious Disease (Notification) Act, 1889 ; and the provisions of this Act shall apply to the infectious diseases specifically mentioned in that Act, and may be applied to any other infectious disease in the same manner as that Act may be applied to such disease.

In this Act—

“ Dairy ” shall include any farm, farmhouse, cowshed, milk-store, milk-shop, or other place from which milk is supplied, or in which milk is kept for purposes of sale :

“ Dairyman ” shall include any cowkeeper, purveyor of milk, or occupier of a dairy :

“ Medical officer of health ” shall include any person duly authorised to act temporarily as medical officer of health :

“ Local authority ” shall include the Local Board of Woolwich, and the parish of Woolwich shall be deemed to be a London district.

3. The provisions of this Act shall extend—

(a.) to every London district after the expiration of four months from the passing of this Act; and

(b.) to any urban or rural sanitary district after the adoption thereof;

and the local authority of any urban or rural sanitary district may adopt all or any of the sections of this Act by a resolution passed at a meeting of such authority. Fourteen clear days at least before such meeting special notice of the meeting, and of the intention to propose such resolution, shall be given to every member of the local authority, and the notice shall be deemed to have been duly given to a member if it is either—

(a.) given in the mode in which notices to attend meetings of the local authority are usually given; or

(b.) where there is no such mode, then signed by the clerk of the local authority and delivered to the member or left at his usual or last known place of abode in England, or forwarded by post in a prepaid letter addressed to the member at his usual or last known place of abode in England.

Every such resolution shall be published by advertisement in a local newspaper, and by handbills, and otherwise in such manner as the local authority think sufficient for giving notice thereof to all persons interested, and shall come into operation at such time, not less than one month after the first publication of the advertisement of the resolution, as the local authority may fix; and upon its coming into operation such of the sections of this Act as are mentioned in such resolution shall extend to the district.

A copy of the resolution shall be sent to the Local Government Board when it is published.

A copy of the advertisement shall be conclusive evidence of the resolution having been passed, unless the contrary be shown; and no objection to the effect of the resolution, on the ground that notice of the intention to propose the same was not duly given, or on the ground that the

resolution was not sufficiently published, shall be made after three months from the date of the first advertisement.

Inspection of dairies in certain cases : power to prohibit supply of milk.

4. In case the medical officer of health is in possession of evidence that any person in the district is suffering from infectious disease attributable to milk supplied within the district from any dairy situate within or without the district, or that the consumption of milk from such dairy is likely to cause infectious disease to any person residing in the district, such medical officer shall, if authorised in that behalf by an order of a justice having jurisdiction in the place where such dairy is situate, have power to inspect such dairy, and if accompanied by a veterinary inspector or some other properly qualified veterinary surgeon to inspect the animals therein, and if on such inspection the medical officer of health shall be of opinion that infectious disease is caused from consumption of the milk supplied therefrom, he shall report thereon to the local authority, and his report shall be accompanied by any report furnished to him by the said veterinary inspector or veterinary surgeon, and the local authority may thereupon give notice to the dairyman to appear before them within such time, not less than twenty-four hours, as may be specified in the notice, to show cause why an order should not be made requiring him not to supply any milk therefrom within the district until such order has been withdrawn by the local authority, and if, in the opinion of the local authority, he fails to show such cause, then the local authority may make such order as aforesaid ; and the local authority shall forthwith give notice of the facts to the sanitary authority and county council (if any) of the district or county in which such dairy is situate, and also to the Local Government Board. An order made by a local authority in pursuance of this section shall be forthwith withdrawn on the local authority or the medical officer of health on its behalf being satisfied that the milk supply has been changed, or that the cause of the infection has been removed. Any person refusing to permit the medical officer of health on the production of such order as aforesaid to inspect

any dairy, or if so accompanied as aforesaid to inspect the animals kept there, or after any such order not to supply milk as aforesaid has been given, supplying any milk within the district in contravention of such order, or selling it for consumption therein, shall be deemed guilty of an offence against this Act. Provided always, that proceedings in respect of such offence shall be taken before the justices of the peace having jurisdiction in the place where the said dairy is situate. Provided also, that no dairyman shall be liable to an action for breach of contract if the breach be due to an order from the local authority under this Act.

5. Section twenty-two of the Sanitary Act, 1866, so far as it relates to any London district, and section one hundred and twenty of the Public Health Act, 1875, so far as it applies to any urban or rural sanitary district in which this section is adopted, shall be repealed, and the following provisions shall be in force instead thereof, viz.:

Cleansing and
disinfecting of
premises, &c.
29 & 30 Vict.
c. 90.
38 & 39 Vict.
c. 55.

(1.) Where the medical officer of health of any local authority, or any other registered medical practitioner, certifies that the cleansing and disinfecting of any house, or part thereof, and of any articles therein likely to retain infection, would tend to prevent or check infectious disease, the clerk to the local authority shall give notice in writing to the owner or occupier of such house or part thereof that the same and any such articles therein will be cleansed and disinfected by the local authority at the cost of such owner or occupier, unless he informs the local authority within twenty-four hours from the receipt of the notice that he will cleanse and disinfect the house or part thereof and any such articles therein to the satisfaction of the medical officer of health, within a time fixed in the notice.

(2.) If, within twenty-four hours from the receipt of the notice, the person to whom the notice is given does not inform the local authority as aforesaid, or if, having

so informed the local authority, he fails to have the house or part thereof and any such articles disinfected as aforesaid within the time fixed in the notice, the house or part thereof and articles shall be cleansed and disinfected by the officers of the local authority under the superintendence of the medical officer of health, and the expenses incurred may be recovered from the owner or occupier in a summary manner.

- (3.) Provided that where the owner or occupier of any such house or part thereof is unable in the opinion of the local authority, or of their medical officer of health, effectually to cleanse and disinfect such house or part thereof, and any article therein likely to retain infection, the same may without any such notice being given as aforesaid, but with the consent of such owner or occupier, be cleansed and disinfected by the officers of and at the cost of the local authority.

Disinfection of
bedding, &c.

6. Any local authority, or the medical officer of health of any local authority generally empowered by the authority in that behalf, may by notice in writing require the owner of any bedding, clothing, or other articles which have been exposed to the infection of any infectious disease to cause the same to be delivered over to an officer of the local authority for removal for the purpose of disinfection; and any person who fails to comply with such a requirement shall be liable to a penalty not exceeding ten pounds.

The bedding, clothing, and articles shall be disinfected by the authority, and shall be brought back and delivered to the owner free of charge, and if any of them suffer any unnecessary damage the authority shall compensate the owner for the same and the amount of compensation shall be recoverable in, and in case of dispute shall be settled by, a court of summary jurisdiction.

Penalty on
persons
ceasing to

7. Every person who shall cease to occupy any house, room, or part of a house in which any person has

within six weeks previously been suffering from any infectious disease without having such house, room, or part of a house, and all articles therein liable to retain infection, disinfected to the satisfaction of a registered medical practitioner, as testified by a certificate signed by him, or without first giving to the owner of such house, room, or part of a house, notice of the previous existence of such disease, and every person ceasing to occupy any house, room, or part of a house, and who on being questioned by the owner thereof, or by any person negotiating for the hire of such house, room, or part of a house as to the fact of there having within six weeks previously been therein any person suffering from any infectious disease knowingly makes a false answer to such question shall be liable to a penalty not exceeding ten pounds.

occupy houses without previous disinfection or giving notice to owner, or persons making false answers.

8. No person without the sanction in writing of the medical officer of health, or of a registered medical practitioner, shall retain unburied elsewhere than in a public mortuary or in a room not used at the time as a dwelling-place, sleeping-place, or workroom, for more than forty-eight hours, the body of any person who has died of any infectious disease.

Prohibiting retention of dead bodies in certain cases.

9. If any person shall die from any infectious disease in any hospital or place of temporary accommodation for the sick, and the medical officer of health, or any other registered medical practitioner, certifies that in his opinion it is desirable, in order to prevent the risk of communicating any infectious disease or of spreading infection, that the body shall not be removed from such hospital or place except for the purpose of being forthwith buried, it shall not be lawful for any person or persons to remove such body from such hospital or place except for the last-mentioned purpose; and when the body is taken out of such hospital for that purpose it shall be forthwith carried or taken direct to some cemetery or place of burial, and shall be forthwith there buried; and any person wilfully offending against this section shall be liable to a penalty not

Bodies of persons dying of infectious diseases in hospital, &c., to be removed only for burial.

exceeding ten pounds. Nothing in this Act shall prevent the removal of any dead body from any hospital or temporary place of accommodation for the sick to any mortuary and such mortuary shall, for the purposes of this section, be deemed part of such hospital or place as aforesaid.

Justices may in certain cases order dead bodies to be buried.

10. Where the body of any person who has died from any infectious disease remains unburied elsewhere than in a mortuary or in a room not used at the time as a dwelling-place, sleeping-place, or workroom, for more than forty-eight hours after death without the sanction of the medical officer of health or of a registered medical practitioner, or where the dead body of any person is retained in any house or building so as to endanger the health of the inmates of such house or building, or of any adjoining or neighbouring house or building, any justice may, on the application of the medical officer of health, order the body to be removed at the cost of the local authority to any available mortuary, and direct the same to be buried within a time to be limited in the order; and any justice may, in the case of the body of any person who has died of any infectious disease, or in any case in which he shall consider immediate burial necessary, direct the body to be so buried. Unless the friends or relatives of the deceased undertake to bury and do bury the body within the time limited by such order, it shall be the duty of the relieving officer of the relief district from which the body has been removed to the mortuary, or in which the body shall be, if it has not been so removed, to bury such body, and any expense so incurred may be charged by the relieving officer in his accounts, and may be recovered by the board of guardians in a summary manner from any person legally liable to pay the expenses of such burial.

Disinfection of public conveyances if used for carrying corpses.

11. Any person who hires or uses a public conveyance other than a hearse for the conveyance of the body of a person who has died from any infectious disease, without previously notifying to the owner or driver of such public conveyance that the person whose body is or is intended

to be so conveyed has died from infectious disease, and after any such notification as aforesaid, any owner or driver of a public conveyance, other than a hearse, which has been used for conveying the body of a person who has died from infectious disease, who shall not immediately afterwards provide for the disinfection of such conveyance, shall be guilty of an offence under this Act.

12. Any justice of the peace acting in and for the district of the local authority, upon proper cause shown to him, may make an order directing the detention in hospital at the cost of the local authority of any person suffering from any infectious disease, who is then in an hospital for infectious disease and would not on leaving such hospital be provided with lodging or accommodation in which proper precautions could be taken to prevent the spreading of the disorder by such person. Any order so to be made by any such justice may be limited to some specific time, but with full power to any justice to enlarge such time as often as may appear to him to be necessary. It shall be lawful for any officer of the local authority or inspector of police acting in the district, or for any officer of the hospital, on any such order being made to take all necessary measures and do all necessary acts for enforcing the execution thereof.

Detention of infected person without proper lodging in hospital by order of justice.

13. Any person who shall knowingly cast, or cause or permit to be cast, into any ash-pit, ash-tub, or other receptacle for the deposit of refuse matter any infectious rubbish without previous disinfection, shall be guilty of an offence under this Act.

Infectious rubbish thrown into ashpits, &c., to be disinfected.

14. Where sections seven and thirteen of this Act, or either of them, are in force in any district, the local authority shall give notice of the provisions thereof to the occupier of any house in which they are aware that there is a person suffering from an infectious disease.

Notice of certain provisions.

15. The local authority shall from time to time provide, free of charge, temporary shelter or house accommodation with any necessary attendants for the members of any

Temporary shelter, &c.

family in which any infectious disease has appeared, who have been compelled to leave their dwellings for the purpose of enabling such dwellings to be disinfected by the local authority.

Penalties.

16. Every person who shall wilfully obstruct any duly authorised officer of the local authority in carrying out the provisions of this Act, or who shall obstruct the carrying out of an order made by a justice under this Act, or who shall offend against any enactment of this Act for the time being in force in any district by which no penalty is specifically imposed, shall be liable to a penalty not exceeding five pounds, and if the offence is a continuing one, to a daily penalty not exceeding forty shillings a day so long as the offence continues.

Power of entry
for purposes of
s. 5.

17. For the purpose of carrying into effect the provisions of section five of this Act the local authority may, by any officer appointed in that behalf, who shall produce his authority in writing, enter on any premises between the hours of ten o'clock of the forenoon and six o'clock of the afternoon.

Recovery and
application of
penalties.

18. Every penalty imposed by this Act shall be recoverable in a court of summary jurisdiction on the information or complaint of the local authority, or of their duly authorised officer, but not otherwise, and shall be paid to the local authority.

Superseding in
certain cases
of provisions in
local Acts.

19. Where a provision of this Act is put in force in any district in which there is any similar provision in force contained in any local Act, such last-mentioned provision shall cease to be in operation.

Expenses.

20. Any expenses incurred by a local authority in the execution of any of the provisions of this Act, including the reasonable remuneration of any veterinary inspector or surgeon employed under section four, shall be paid as part of the expenses of such authority in the execution of the Acts relating to public health, and in the case of a rural authority shall be general expenses.

21. Any resolution adopting all or any of the sections of this Act may be rescinded, either wholly or as regards any of the adopted sections, by resolution of the local authority, but notice of the meeting at which such resolution is to be proposed, and of the intention to propose the same, shall be given, and such resolution shall be published, and shall come into operation, in like manner and at such time as is herein-before provided with respect to resolutions adopting this Act and a copy of the resolution shall be sent to the Local Government Board when it is published.

Power of local authority to rescind adoption of Act.

On the resolution coming into effect the sections of this Act, the adoption of which is thereby rescinded, shall cease to extend to the district.

The provisions herein-before contained, as to evidence of and objections to the effect of a resolution adopting this Act, shall apply to any resolution rescinding such adoption.

22. This Act shall not apply to Scotland.

Extent of Act.

23. This Act shall apply to Ireland, with the same modifications as are made in the Infectious Disease (Notification) Act, 1889, for the purpose of its application to Ireland, and with the following additional modifications:—

Application of Act to Ireland.
52 & 53 Vict.
c. 72.

In this Act, unless the context otherwise requires —

The expression “Her Majesty’s Privy Council” means the Lord Lieutenant acting by the advice of Her Majesty’s Privy Council in Ireland:

The expression “inspector of police” includes a member of the Royal Irish Constabulary Force and a member of the Dublin Metropolitan Police.

The reference to section one hundred and twenty of the Public Health Act, 1875, shall be taken to be a reference to section one hundred and thirty seven of the Public Health (Ireland) Act, 1878.

41 & 42 Vict.
c. 52.

24. Nothing in or done under this Act, shall interfere with the operation or effect of the Contagious Diseases (Animals) Acts, 1878 to 1886, or of any order, licence, or act of Her Majesty’s Privy Council or the Local Government Board, made, granted, or done, or to be made,

Saving for Acts relating to dairies, animals, &c.

granted, or done, thereunder ; or of any order, regulation, licence, or act of a local authority made, granted, or done under any such order of the Privy Council or the Local Government Board ; or exempt any dairy, or building, or thing whatsoever, or any body or person from the provisions of any general Act relating to dairies, milk, or animals, already passed, or to be passed in this or any future session of Parliament.

EXTRACTS FROM THE PUBLIC HEALTH
(LONDON) ACT, 1891.
[54 & 55 Vict. Ch. 76.]

Arrangement of Sections.

A.D. 1891.

Infectious Diseases.—Notification.

Section.

- 55. Notification of infectious disease.
- 56. Power of sanitary authority to add to number of infectious diseases of which notification is required.
- 57. Non-disqualification of medical officer by receipt of fees.

Infectious Diseases.—Prevention.

- 58. Application of special provisions to certain infectious diseases.
- 59. Provision of means for disinfecting of bedding, &c.
- 60. Cleansing and disinfecting of premises, &c.
- 61. Disinfection of bedding, &c.
- 62. Infectious rubbish thrown into ashpits, &c. to be disinfected.
- 63. Penalty on letting houses in which infected persons have been lodging.
- 64. Penalty on persons letting houses making false statements as to infectious disease.
- 65. Penalty on ceasing to occupy house without disinfection or notice to owner, or making false answer.
- 66. Removal to hospital of infected persons without proper lodging.

A.D. 1891. Section.

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67. Detention of infected person without proper lodging in hospital.
 68. Penalty on exposure of infected persons and things.
 69. Prohibition on infected person carrying on business.
 70. Prohibition on conveyance of infected person in public conveyance.
 71. Inspection of dairies, and power to prohibit supply of milk.
 72. Prohibition of retention of dead body in certain cases.
 73. Body of person dying of infectious disease in hospital, &c. to be removed only for burial.
 74. Disinfection of public conveyances if used for carrying corpses.

Hospitals and Ambulances.

75. Power of sanitary authority to provide hospitals.
76. Recovery of cost of maintenance of non-infectious patient in hospital.
77. Power to provide temporary supply of medicine.
78. Provision of conveyance for infected persons.
79. Power for Metropolitan Asylum Board to provide landing-places, vessels, ambulances, &c.
80. Reception of non-pauper fever and small-pox patients into hospital in metropolitan district.
81. Reception into hospital in metropolitan district of child from school outside London.

Prevention of Epidemic Diseases.

82. Sanitary authority to execute epidemic regulations.
83. Poor Law medical officers entitled to costs of attendance on board vessels.
84. Local Government Board may combine sanitary authorities.
85. Metropolitan Asylum Managers a sanitary authority for prevention of epidemic diseases.
86. Power to let hospitals, &c.
87. Repayment to sanitary authorities of certain expenses.

Mortuaries, &c.

A.D. 1891.

Section.

- 88. Power of local authority to provide mortuaries.
- 89. Power of justice in certain cases to order removal of dead body to mortuary.
- 90. Power of sanitary authority to provide places for post-mortem examinations.
- 91. Power to sanitary authorities to unite for providing mortuary.
- 92. Place for holding inquests.
- 93. Mortuary for unidentified bodies.

Byelaws as to Houses let in Lodgings.

- 94. Power of sanitary authority to make byelaws as to lodging-houses.

Tents and Vans.

- 95. Tents and vans used for human habitation.
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EXTRACTS FROM THE PUBLIC HEALTH (LONDON) ACT, 1891.

CHAPTER 76.

An Act to consolidate and amend the Laws relating
to Public Health in London.

[5th August 1891.]

BE it enacted by the Queen's most Excellent Majesty,
by and with the advice and consent of the Lords
Spiritual and Temporal, and Commons, in this present
Parliament assembled, and by the authority of the same, as
follows :

Infectious Diseases.—Notification.

Notification of
infectious
disease.

55.—(1.) Where an inmate of any house within the district of a sanitary authority is suffering from an infectious disease to which this section applies, the following provisions shall have effect, that is to say :—

(a.) The head of the family to which such inmate (in this section referred to as the patient) belongs, and in his default the nearest relatives of the patient present in the house or being in attendance on the patient, and in default of such relatives, every person in charge of or in attendance on the patient, and in default of any such person the master of the house, shall, as soon as he becomes aware that the patient is suffering from an infectious disease to which this section applies, send notice thereof to the medical officer of health of the district :

(b.) Every medical practitioner attending on or called in to visit the patient shall forthwith, on becoming aware that the patient is suffering from an infectious

disease to which this section applies, send to the medical officer of health of the district a certificate stating the full name and the age and sex of the patient, the full postal address of the house, and the infectious disease from which in the opinion of such medical practitioner the patient is suffering, and stating also whether the case occurs in the private practice of such practitioner or in his practice as a medical officer of any public body or institution, and where the certificate refers to the inmate of a hospital it shall specify the place from which and the date at which the inmate was brought to the hospital, and shall be sent to the medical officer of health of the district in which the said place is situate :

Provided that, in the case of a hospital of the Metropolitan Asylum Managers, a notice or certificate need not be sent respecting any inmate with respect to whom a copy of the certificate has been previously forwarded by the medical officer of health of the district to the said managers.

(2.) Every person required by this section to send a notice or certificate, who fails forthwith to send the same, shall be liable to a fine not exceeding forty shillings : Provided that if a person is not required to send notice in the first instance, but only in default of some other person, he shall not be liable to any fine if he satisfies the court that he had reasonable cause to suppose that the notice had been duly sent.

(3.) The Local Government Board may prescribe forms for the purpose of certificates to be sent in pursuance of this section, and if such forms are so prescribed, they shall be used in all cases to which they apply. The sanitary authority shall gratuitously supply forms of certificate to any medical practitioner residing or practising in their district who applies for the same, and shall pay to every medical practitioner for each certificate duly sent by him in accordance with this section a fee of two shillings and sixpence if the case occurs in his private practice, and of

one shilling if the case occurs in his practice as medical officer of any public body or institution.

(4.) Where a medical officer of health receives a certificate under this section relating to a patient within the Metropolitan Asylum district, he shall, within twelve hours after such receipt, send a copy thereof to the Metropolitan Asylum Managers, and to the head teacher of the school attended by the patient (if a child), or by any child who is an inmate of the same house as the patient. The Metropolitan Asylum Managers shall repay to the sanitary authority the fees paid by that authority in respect of the certificates whereof copies have been so sent to the Managers. The Managers shall send weekly to the county council, and to every medical officer of health, such return of the infectious diseases of which they receive certificates in pursuance of this section as the county council require.

(5.) Where in any district of a sanitary authority there are two or more medical officers of health of that authority, a certificate under this section shall be sent to such one of those officers as has charge of the area in which is the patient referred to in the certificate, or to such other of those officers as the sanitary authority may direct.

(6.) A notice or certificate to be sent to a medical officer in pursuance of this section may be sent to such officer at his office or residence.

(7.) This section shall apply to every building, vessel, tent, van, shed, or similar structure used for human habitation, in like manner as nearly as may be as if it were a house; but nothing in this section shall extend to any house, building, vessel, tent, van, shed, or similar structure belonging to Her Majesty the Queen, or to any inmate thereof, nor to any vessel belonging to any foreign government.

(8.) In this section the expression "infectious disease to which this section applies" means any of the following diseases, namely, small-pox, cholera, diphtheria, membranous croup, erysipelas, the disease known as scarlatina or scarlet fever, and the fevers known by any of the following

names, typhus, typhoid, enteric, relapsing, continued or puerperal, and includes as respects any particular district any infectious disease to which this section has been applied by the sanitary authority of the district in manner provided by this Act.

56.—(1.) The sanitary authority of any district may, by resolution passed at a meeting of that authority of which such notice has been given as in this section mentioned, order that the foregoing section with respect to the notification of infectious disease shall apply in their district to any infectious disease other than a disease specifically mentioned in that section; any such order may be permanent or temporary, and, if temporary, the period during which it is to continue in force shall be specified therein, and any such order may be revoked or varied by the sanitary authority which made the same.

Power of sanitary authority to add to number of infectious diseases of which notification is required.

(2.) Fourteen clear days at least before the meeting at which such resolution is proposed special notice of the meeting, and of the intention to propose the making of such order, shall be given to every member of the sanitary authority, and the notice shall be deemed to have been duly given to a member if it is given in the mode in which notices to attend meetings of the sanitary authority are usually given.

(3.) An order under this section and the revocation and variation of any such order shall not be of any validity until it has been approved by the Local Government Board, and when it is so approved the sanitary authority shall give public notice thereof by advertisement in a local newspaper, and by handbills, and otherwise in such manner as the sanitary authority think sufficient for giving information to all persons interested; they shall also send a copy thereof to each legally qualified medical practitioner whom, after due inquiry, they ascertain to be residing or practising in their district.

(4.) The said order shall come into operation at such date not earlier than one week after the publication of the first advertisement of the approved order as a

sanitary authority may fix, and upon the order coming into operation, and during the continuance thereof, an infectious disease mentioned in the order shall, within the district of the authority, be an infectious disease to which the foregoing section with respect to the notification of infectious disease applies.

(5.) In the case of emergency three clear days notice of the meeting and of the intention to propose the making of the order shall be sufficient, and the resolution shall declare the cause of the emergency and shall be for a temporary order, and a copy thereof shall be forthwith sent to the Local Government Board and advertised, and the order shall come into operation at the expiration of one week from the date of the advertisement; but unless approved by the Local Government Board shall cease to be in force at the expiration of one month after it is passed, or any earlier date fixed by the Local Government Board; if it is approved by the Local Government Board that approval shall be conclusive evidence that the case was one of emergency.

(6.) The county council shall, as respects London, have the same power of extending the foregoing section by order to any infectious disease, and the same power of revoking and varying the order, as a sanitary authority have under this section as respects their district; and the foregoing section when so extended by the county council shall be construed as if it had been applied under this section as respects every district in London by the sanitary authority thereof.

Non-disqualifi-
cation of
medical officer
by receipt of
fees.

57.—(1.) A payment made to any medical practitioner in pursuance of the provisions of this Act with respect to the notification of infectious disease shall not disqualify that practitioner for serving as member of the county council, or of a sanitary authority, or as guardian of a poor law union, or in any other public office.

(2.) Where a medical practitioner attending on a patient is himself the medical officer of health of the district, he shall be entitled to the same fee as if he were not such medical officer.

Infectious Diseases.—Prevention.

58. The following provisions of this Act relating to dangerous infectious diseases shall apply to the infectious diseases specifically mentioned in the foregoing enactment of this Act relating to the notification of infectious disease, and all or any of such provisions may be applied by order to any other infectious disease in the same manner as that enactment may be applied to such disease, subject to the same power of revoking and varying the order, and every such infectious disease is in this Act referred to as a dangerous infectious disease.

Application of special provisions to certain infectious diseases.

59.—(1.) Every sanitary authority shall provide, either within or without their district, proper premises with all necessary apparatus and attendance for the destruction and for the disinfection, and carriages or vessels for the removal, of articles (whether bedding, clothing, or other) which have become infected by any dangerous infectious disease, and may provide the same for the destruction, disinfection, and removal of such articles when infected by any other disease; and shall cause any such articles brought for destruction or disinfection, whether alleged to be infected by any dangerous infectious disease or by any other disease, to be destroyed or to be disinfected and returned, and may remove, and may destroy, or disinfect and return, such articles free of charge.

Provision of means for disinfecting of bedding, &c.

(2.) Any sanitary authorities may execute their duty under this section by combining for the purposes thereof, or by contracting for the use by one of the contracting authorities of any premises provided for the purpose of this section by another of such contracting authorities, and may so combine or contract upon such terms as may be agreed upon.

60.—(1.) Where the medical officer of health of any sanitary authority, or any other legally qualified medical practitioner, certifies that the cleansing and disinfecting of any house, or part thereof, and of any articles therein likely to retain infection, or the destruction of such articles,

Cleansing and disinfecting of premises, &c.

would tend to prevent or check any dangerous infectious disease, the sanitary authority shall serve notice on the master, or where the house or part is unoccupied on the owner, of such house or part that the same and any such articles therein will be cleansed and disinfected or (as regards the articles) destroyed, by the sanitary authority, unless he informs the sanitary authority within twenty-four hours from the receipt of the notice that he will cleanse and disinfect the house or part and any such articles or destroy such articles to the satisfaction of the medical officer of health, or of any other legally qualified medical practitioner, within a time fixed in the notice.

(2.) If either—

- (a) within twenty-four hours from the receipt of the notice, the person on whom the notice is served does not inform the sanitary authority as aforesaid, or
- (b) having so informed the sanitary authority he fails to have the house or part thereof and any such articles disinfected or such articles destroyed as aforesaid within the time fixed in the notice, or
- (c) the master or owner without such notice gives his consent,

the house or part and articles shall be cleansed and disinfected or such articles destroyed by the officers and at the cost of the sanitary authority under the superintendence of the medical officer of health.

(3.) For the purpose of carrying into effect this section the sanitary authority may enter by day on any premises.

(4.) The sanitary authority shall provide, free of charge, temporary shelter or house accommodation with any necessary attendants for the members of any family in which any dangerous infectious disease has appeared, who have been compelled to leave their dwellings, for the purpose of enabling such dwellings to be disinfected by the sanitary authority.

(5.) When the sanitary authority have disinfected any house, part of a house, or article, under the provisions of this section, they shall compensate the master or owner of such house, or part of a house, or the owner of such article,

for any unnecessary damage thereby caused to such house, part of a house, or article; and when the authority destroy any article under this section they shall compensate the owner thereof; and the amount of any such compensation shall be recoverable in a summary manner.

61.—(1.) Any sanitary authority may serve a notice on the owner of any bedding, clothing, or other articles which have been exposed to the infection of any dangerous infectious disease, requiring the delivery thereof to an officer of the sanitary authority for removal for the purpose of destruction or disinfection; and if any person fails to comply with such notice he shall, on the information of the sanitary authority, be liable to a fine not exceeding ten pounds.

Disinfection of bedding, &c.

(2.) The bedding, clothing, and articles if so disinfected by the sanitary authority shall be brought back and delivered to the owner free of charge, and if any of them suffer any unnecessary damage the authority shall compensate the owner for the same, and the authority shall also compensate the owner for any articles destroyed; and the amount of compensation shall be recoverable in a summary manner.

62.—(1.) If a person knowingly casts, or causes or permits to be cast, into any ash-pit any rubbish infected by a dangerous infectious disease without previous disinfection, he shall be liable to a fine not exceeding five pounds, and, if the offence continues, to a further fine not exceeding forty shillings for every day during which the offence so continues after the notice hereafter in this section mentioned.

Infectious rubbish thrown into ashpits, &c. to be disinfected.

(2.) The sanitary authority shall cause their officers to serve notice of the provisions of this section on the master of any house or part of a house in which they are aware that there is a person suffering from a dangerous infectious disease, and on the request of such master shall provide for the removal and disinfection or destruction of the aforesaid rubbish.

Penalty on letting houses in which infected persons have been lodging.

63.—(1.) Any person who knowingly lets for hire any house, or part of a house, in which any person has been suffering from any dangerous infectious disease, without having such house or part of a house, and all articles therein liable to retain infection, disinfected to the satisfaction of a legally qualified medical practitioner, as testified by a certificate signed by him, or (as regards the articles) destroyed, shall be liable to a fine not exceeding twenty pounds.

(2.) For the purposes of this section, the keeper of an inn shall be deemed to let for hire part of a house to any person admitted as a guest into such inn.

Penalty on persons letting houses making false statements as to infectious disease.

64. Any person letting for hire, or showing for the purpose of letting for hire, any house or part of a house, who, on being questioned by any person negotiating for the hire, as to the fact of there being, or within six weeks previously having been, therein any person suffering from any dangerous infectious disease, knowingly makes a false answer to such question, shall be liable, at the discretion of the court, to a fine not exceeding twenty pounds, or to imprisonment, with or without hard labour, for a period not exceeding one month.

Penalty on ceasing to occupy house without disinfection or notice to owner, or making false answer.

65.—(1.) Where a person ceases to occupy any house, or part of a house, in which any person has within six weeks previously been suffering from any dangerous infectious disease, and either—

- (a.) fails to have such house, or part of a house, and all articles therein liable to retain infection, disinfected to the satisfaction of a legally qualified medical practitioner, as testified by a certificate signed by him, or such articles destroyed, or
- (b.) fails to give to the owner or master of such house, or part of a house, notice of the previous existence of such such disease, or
- (c.) on being questioned by the owner or master of, or by any person negotiating for the hire of, such house or part of a house, as to the fact of there having within six weeks previously been therein any person

suffering from any dangerous infectious disease, knowingly makes a false answer to such question, he shall be liable to a fine not exceeding ten pounds.

(2.) The sanitary authority shall cause their officers to serve notice of the provisions of this section on the master of any house or part of a house in which they are aware that there is a person suffering from a dangerous infectious disease.

66.—(1.) A person suffering from any dangerous infectious disease, who is without proper lodging or accommodation, or is lodged in a tent or van, or is on board a vessel may, on a certificate signed by a legally qualified medical practitioner, and with the consent of the superintending body of the hospital to which he is to be removed, be removed by order of a justice, and at the cost of the sanitary authority of the district where such person is found, to any hospital in or within a convenient distance of London.

Removal to hospital of infected persons without proper lodging.

(2.) The order may be addressed to such constable or officer of the sanitary authority as the justice making the same thinks expedient; and if any person wilfully disobeys or obstructs the execution of such order he shall be liable to a fine not exceeding ten pounds.

(3.) Any sanitary authority may make byelaws for removing to any hospital to which that authority are entitled to remove patients, and for keeping in that hospital so long as may be necessary, any persons brought within their district by any vessel who are infected with a dangerous infectious disease.

67.—(1.) A justice, on being satisfied that a person suffering from any dangerous infectious disease is in a hospital, and would not on leaving the hospital be provided with lodging or accommodation in which proper precautions could be taken to prevent the spreading of the disease by such person, may direct such person to be detained in the hospital at the cost of the Metropolitan Asylum Managers during the time limited by the justice. Any

Detention of infected person without proper lodging in hospital.

justice may enlarge the time as often as appears to him necessary for preventing the spread of the disease.

(2.) The direction may be carried into execution by any officer of any sanitary authority, or of the Metropolitan Asylum Managers, or by any inspector of police, or any officer of the hospital.

Penalty on exposure of infected persons and things.

68.—(1.) If any person—

- (a.) while suffering from any dangerous infectious disease wilfully exposes himself without proper precautions against spreading the said disease in any street, public place, shop, or inn ; or
- (b.) being in charge of any person so suffering, so exposes such sufferer ; or
- (c.) gives, lends, sells, transmits, removes, or exposes, without previous disinfection, any bedding, clothing, or other articles which have been exposed to infection from any such disease ;

he shall be liable to a fine not exceeding five pounds.

(2.) Provided that proceedings under this section shall not be taken against persons transmitting with proper precautions any bedding, clothing, or other articles for the purpose of having the same disinfected.

Prohibition on infected person carrying on business.

69. A person who knows himself to be suffering from a dangerous infectious disease shall not milk any animal or pick fruit, and shall not engage in any occupation connected with food or carry on any trade or business in such a manner as to be likely to spread the infectious disease, and if he does so he shall be liable to a fine not exceeding ten pounds.

Prohibition on conveyance of infected person in public conveyance.

70. It shall not be lawful for any owner or driver of a public conveyance knowingly to convey, or for any other person knowingly to place, in any public conveyance, a person suffering from any dangerous infectious disease, or for a person suffering from any such disease to enter any public conveyance, and if he does so he shall be liable to a fine not exceeding ten pounds ; and, if any person so suffering is conveyed in any public conveyance, the owner or driver thereof, as soon as it comes to his knowledge,

shall give notice to the sanitary authority, and shall cause such conveyance to be disinfected, and if he fails so to do he shall be liable to a fine not exceeding five pounds, and the owner or driver of such conveyance shall be entitled to recover in a summary manner from the person so conveyed by him, or from the person causing that person to be so conveyed, a sum sufficient to cover any loss and expense incurred by him in connexion with such disinfection. It shall be the duty of the sanitary authority, when so requested by the owner or driver of such public conveyance, to provide for the disinfection of the same, and they may do so free of charge.

71.—(1.) If the medical officer of health of any district has evidence that any person in the district is suffering from a dangerous infectious disease attributable to milk supplied within the district from any dairy situate within or without the district, or that the consumption of milk from such dairy is likely to cause any such infectious disease to any person residing in the district, such medical officer shall, if authorised by an order of a justice having jurisdiction in the place where the dairy is situate, have power to inspect the dairy, and if accompanied by a veterinary inspector or some other properly qualified veterinary surgeon to inspect the animals therein; and, if on such inspection the medical officer of health is of opinion that any such infectious disease is caused from consumption of the milk supplied therefrom, he shall report thereon to the sanitary authority, and his report shall be accompanied by any report furnished to him by the said veterinary inspector or veterinary surgeon, and the sanitary authority may thereupon serve on the dairyman notice to appear before them within such time, not less than twenty-four hours, as may be specified in the notice, to show cause why an order should not be made requiring him not to supply any milk therefrom within the district until the order has been withdrawn by the sanitary authority.

Inspection of dairies, and power to prohibit supply of milk.

(2.) The sanitary authority, if in their opinion he fails to show such cause, may make the said order, and shall

forthwith serve notice of the facts on the county council of the county in which the dairy is situate, and on the Local Government Board, and, if the dairy is situate within the district of another sanitary authority, on such authority.

(3.) The said order shall be forthwith withdrawn on the sanitary authority or their medical officer of health on their behalf being satisfied that the milk supply has been changed, or that the cause of the infection has been removed.

(4.) If any person refuses to permit the medical officer of health, on the production of a justice's order under this section, to inspect any dairy, or if so accompanied as aforesaid to inspect the animals kept there, or, after any such order has been made, supplies any milk within the district in contravention of the order or sells it for consumption therein, he shall, on the information of the sanitary authority, be liable to a fine not exceeding five pounds, and if the offence continues to a further fine not exceeding forty shillings for every day during which the offence continues.

(5.) Provided that—

(a.) proceedings in respect of the offence shall be taken before a court having jurisdiction in the place where the dairy is situate, and

(b.) a dairyman shall not be liable to an action for breach of contract if the breach be due to an order under this section.

(6.) Proceedings may be taken under this section in respect of a dairy situate in the district of a local authority under the Public Health Acts, and the notice of the facts shall be served on the local authority as if they were a sanitary authority within the meaning of this Act.

(7.) Nothing in or done under this section shall interfere with the operation or effect of the Contagious Diseases (Animals) Acts, 1878 to 1886, or this Act, or of any order, licence, or act of the Board of Agriculture or the Local Government Board thereunder, or of any order, byelaw, regulation, licence, or act of a local authority made, granted, or done under any such order of the Board of

Agriculture or the Local Government Board, or exempt any dairy, building, or thing or any person from the provisions of any general Act relating to dairies, milk, or animals.

72.—(1.) A person shall not without the sanction in writing of the medical officer of health, or of a legally qualified medical practitioner, retain unburied for more than forty-eight hours elsewhere than in a room not used at the time as a dwelling-place, sleeping-place, or workroom, the body of any person who has died of any dangerous infectious disease. Prohibition of retention of dead body in certain cases.

(2.) If a person acts in contravention of this section he shall, on the information of the sanitary authority, be liable to a fine not exceeding five pounds.

73.—(1.) If a person dies in a hospital from any dangerous infectious disease, and the medical officer of health, or any legally qualified medical practitioner, certifies that in his opinion it is desirable, in order to prevent the risk of communicating such infectious disease, that the body be not removed from such hospital except for the purpose of being forthwith buried, it shall not be lawful for any person to remove the body except for that purpose; and the body when taken out of such hospital shall be forthwith taken direct to the place of burial, and there buried. Body of person dying of infectious disease in hospital, &c. to be removed only for burial.

(2.) If any person wilfully offends against this section he shall, on the information of the sanitary authority, be liable to a fine not exceeding ten pounds.

(3.) Nothing in this section shall prevent the removal of a dead body from a hospital to a mortuary, and such mortuary shall, for the purposes of this section, be deemed part of such hospital.

74. If—

(a.) a person hires or uses a public conveyance other than a hearse for conveying the body of a person who has died from any dangerous infectious disease, without previously notifying to the owner or driver of the conveyance that such person died from infectious disease, or Disinfection of public conveyances if used for carrying corpses.

(b.) the owner or driver does not, immediately after the conveyance has to his knowledge been used for conveying such body, provide for the disinfection of the conveyance,

he shall, on the information of the sanitary authority, be liable to a fine not exceeding five pounds, and if the offence continues to a further fine not exceeding forty shillings for every day during which the offence continues.

Hospitals and Ambulances.

Power of
sanitary
authority to
provide
hospitals.

75.—(1.) Any sanitary authority may provide for the use of the inhabitants of their district hospitals temporary or permanent, and for that purpose may—

(a.) themselves build such hospitals, or

(b.) contract for the use of any hospital or part of a hospital, or

(c.) enter into any agreement with any person having the management of any hospital for the reception of the sick inhabitants of their district, on payment of such annual or other sum as may be agreed on.

(2.) Two or more sanitary authorities may combine in providing a common hospital.

Recovery of
cost of main-
tenance of non-
infectious
patient in
hospital.

76. Any expenses incurred by a sanitary authority in maintaining in a hospital (whether or not belonging to that authority) a patient who is not a pauper, and is not suffering from an infectious disease, shall be a simple contract debt due to the sanitary authority from that patient, or from any person liable by law to maintain him, but proceedings for its recovery shall not be commenced after the expiration of six months from the discharge of the patient, or if he dies in such hospital from the date of his death.

Power to
provide
temporary
supply of
medicine.

77. Any sanitary authority may, with the sanction of the Local Government Board, themselves provide, or contract with any person to provide, a temporary supply of medicine and medical assistance for the poorer inhabitants of their district.

78. A sanitary authority may provide and maintain carriages suitable for the conveyance of persons suffering from any infectious disease, and pay the expense of conveying therein any person so suffering to a hospital or other place of destination.

Provision of conveyance for infected persons.

79.—(1.) The Metropolitan Asylum Managers shall continue to maintain the wharves, landing-places, and approaches thereto heretofore provided by them, whether within or without London, and may use the same for the embarkation and landing of persons removed to or from any hospital belonging to the Managers, and for any other purpose in relation thereto.

Power for Metropolitan Asylum Board to provide landing-places, vessels, ambulances, &c.

(2.) The Managers may also provide and maintain vessels for use in connexion with the said wharves or landing-places, and with the hospitals of the Managers, and also carriages suitable for the conveyance of persons suffering from any dangerous infectious disease, and shall cause the vessels and carriages to be from time to time properly cleansed and disinfected, and may provide and maintain such buildings and horses, and employ such persons, and do such other things as are necessary or proper for the purposes of such conveyance.

(3.) The Metropolitan Asylum Managers may allow any of the said carriages with the necessary attendants to be also used for the conveyance of persons suffering from any dangerous infectious disease to and from hospitals and places other than hospitals provided by the Managers, and may make a reasonable charge for that use.

80.—(1.) The Metropolitan Asylum Managers, subject to such regulations and restrictions as the Local Government Board prescribe, may admit any person, who is not a pauper, and is reasonably believed to be suffering from fever or small-pox or diphtheria, into a hospital provided by the managers.

Reception of non-pauper fever and small-pox patients into hospital in metropolitan district.

(2.) The expenses incurred by the managers for the maintenance of any such person shall be paid by the board of guardians of the poor law union from which he is received.

(3.) The said expenses shall be repaid to the board of guardians out of the metropolitan common poor fund.

(4.) The admission of a person suffering from an infectious disease into any hospital provided by the Metropolitan Asylum Managers, or the maintenance of any such person therein, shall not be considered to be parochial relief, alms, or charitable allowance to any person, or to the parent or husband of any person; nor shall any person or his or her parent or husband be by reason thereof deprived of any right or privilege, or be subjected to any disability or disqualification.

Reception into hospital in Metropolitan district of child from school outside London.

81.—(1.) Where the London School Board send any child to an industrial school which is provided by them outside London, such child shall for the purpose of the enactments relating to the Metropolitan Asylum Managers be deemed to continue to be an inhabitant of London, and if such child is sent to any hospital of those Managers he shall be deemed to have been sent from that place in London from which he was sent to the said industrial school.

(2.) This section shall apply to that part of London which is not within the Metropolitan Asylum district as if it were within that district, and the board of guardians of the poor law union comprising that part shall pay for such child accordingly.

Prevention of Epidemic Diseases.

Sanitary authority to execute epidemic regulations.
38 & 39 Vict.
c. 55.

82.—(1.) The sanitary authority of any district within which or part of which regulations issued by the Local Government Board in pursuance of section one hundred and thirty-four of the Public Health Act, 1875, set out in the First Schedule to this Act (in this Act referred to as the epidemic regulations) are in force, shall superintend and see to the execution thereof, and shall appoint and pay such medical or other officers or persons, and do and provide all such acts, matters, and things, as may be necessary for mitigating any disease to which the regulations relate, or for superintending or aiding in the execution of such

regulations, or for executing the same, as the case may require.

(2.) The sanitary authority may direct any prosecution or legal proceedings for or in respect of the wilful violation or neglect of any such regulation.

(3.) The sanitary authority shall have power to enter on any premises or vessel for the purpose of executing or superintending the execution of any of the epidemic regulations.

83.—(1.) Whenever, in compliance with the epidemic regulations, any poor law medical officer performs any medical service on board any vessel, he shall be entitled to charge extra for such service, at the general rate of his allowance for services for the poor law union for which he is appointed; and such charges shall be paid by the master of the vessel on behalf of the owners thereof, together with any reasonable expenses for the treatment of the sick.

Poor law medical officers entitled to costs of attendance on board vessels.

(2.) Where such service is rendered by any medical practitioner who is not a poor law medical officer, he shall be entitled to charge for the service with extra remuneration on account of distance, at the rate which he is in the habit of receiving from private patients of the class of those attended and treated on shipboard, and such charge shall be paid as aforesaid. Any dispute in respect of such charge may, where the charges do not exceed twenty pounds, be determined by a petty sessional court; and that court shall determine summarily the amount which is reasonable, according to the accustomed rate of charge within the place where the dispute arises for attendance on patients of the like class as those in respect of whom the charge is made.

84. The Local Government Board may, if they think fit, by order authorise or require any two or more sanitary authorities to act together for the purposes of the epidemic regulations and prescribe the mode of such joint action, and of defraying the cost thereof, and generally may make any regulations necessary or proper for carrying into execution this section.

Local Government Board may combine sanitary authorities.

Metropolitan Asylum Managers a sanitary authority for prevention of epidemic diseases.

85.—(1.) The Metropolitan Asylum Managers shall within their district have for the purpose of the epidemic regulations such powers and duties of a sanitary authority as may be assigned to them by the regulations ; and the Local Government Board may make regulations for that purpose and thereby provide for the adjustment of the functions of the Managers relatively to those of any sanitary authorities.

(2.) Subject to such regulations the Metropolitan Asylum Managers may use any of their property, real or personal, and their staff, for the execution of any powers or duties conferred or imposed on them under this section.

Power to let hospitals, &c.

86. Any authority or body of persons having the management and control of any hospital, infirmary, asylum, or workhouse may let the same or any part thereof to the Metropolitan Asylum Managers, and enter into and carry into effect contracts with those Managers for the reception, treatment, and maintenance therein of persons suffering from cholera or choleraic diarrhoea within the district of the Managers :

Provided that the power conferred by this section shall not, without the consent of the Local Government Board, be exercised with respect to any asylum under the Metropolitan Poor Act, 1867, or any workhouse.

30 & 31 Viet. c. 6.

Repayment to sanitary authorities of certain expenses.

87. The amount expended in pursuance of the epidemic regulations by any sanitary authority in providing any building for the reception of patients or other persons shall, to such extent as may be determined by the Local Government Board, together with two thirds of the salaries or remuneration of any officers or servants employed in any such building under this Act, be repaid to such sanitary authority from the metropolitan common poor fund by the receiver of that fund, out of any moneys for the time being in his hands, on the precept of the said Board, to be issued after the production of such evidence in support of the expenditure as they may deem satisfactory, and the said Board may require contributions for the purpose of raising the sums so repayable.

Mortuaries, &c.

88. Every sanitary authority shall provide and fit up a proper place for the reception of dead bodies before interment (in this Act called a mortuary), and may make bye-laws with respect to the management and charges for the use of the same; they may also provide for the decent and economical interment, at charges to be fixed by such bye-laws, of any dead body received into a mortuary.

Power of local authority to provide mortuaries.

89.—(1.) Where either—

(a.) the body of a person who has died of any infectious disease is retained in a room in which persons live or sleep; or

Power of justice in certain cases to order removal of dead body to mortuary.

(b.) the body of a person who has died of any dangerous infectious disease is retained without the sanction of the medical officer of health or any legally qualified medical practitioner for more than forty-eight hours, elsewhere than in a room not used at the time as a dwelling place, sleeping-place, or work-room; or

(c.) any dead body is retained in any house or room, so as to endanger the health of the inmates thereof, or of any adjoining or neighbouring house or building,

a justice may, on a certificate signed by a medical officer of health or other legally qualified medical practitioner, direct that the body be removed, at the cost of the sanitary authority, to any available mortuary, and be buried within the time limited by the justice; and may if it is the body of a person who has died of an infectious disease, or if he considers immediate burial necessary, direct that the body be buried immediately, without removal to the mortuary.

(2.) Unless the friends or relations of the deceased undertake to bury and do bury the body within the time so limited, it shall be the duty of the relieving officer to bury such body, and any expense so incurred shall be paid (in the first instance) by the board of guardians of the poor law union, but may be recovered by them in a summary manner from any person legally liable to pay the expense of such burial.

(3.) If any person obstructs the execution of any direction given by a justice under this section, he shall be liable to a fine not exceeding five pounds.

Power of
sanitary
authority to
provide
places for
post-mortem
examinations.

90.—(1.) Any sanitary authority may, and if required by the county council shall, provide and maintain a proper building (otherwise than at a workhouse) for the reception of dead bodies during the time required to conduct any post-mortem examination ordered by a coroner or other constituted authority, and may make regulations with respect to the management of such building.

(2.) Any such building may be provided in connexion with a mortuary, but this enactment shall not authorise the conducting of any post mortem examination in a mortuary.

Power to
sanitary
authorities
to unite for
providing
mortuary.

91. Any sanitary authorities may, with the approval of the county council, execute their duty under this Act with respect to mortuaries and buildings for post-mortem examinations by combining for the purpose thereof, or by contracting for the use by one of the contracting authorities of any such mortuary or building provided by another of such contracting authorities, and may so combine or contract upon such terms as may be agreed upon.

Place for
holding
inquests.

92. The county council shall provide and maintain proper accommodation for the holding of inquests, and may by agreement with a sanitary authority provide and maintain the same in connexion with a mortuary or a building for post mortem examinations provided by that authority, or with any building belonging to that authority, and may do so on such terms as may be agreed on with the authority.

Mortuary for
unidentified
bodies.

93.—(1.) The county council may provide and fit up in London one or two suitable buildings to which dead bodies found in London and not identified, together with any clothing, articles, and other things found with or on such dead bodies, may on the order of a coroner be removed, and in which they may be retained and preserved with a view to the ultimate identification of such dead bodies.

(2.) A Secretary of State may make regulations as to—

(a.) the manner in which and conditions subject to which any such bodies shall be removed to any such building, and the payments to be made at such building to persons bringing any unidentified dead body for reception ; and

(b.) the fees and charges to be paid upon the removal or interment of any such dead body which has been identified after its reception, and the persons by whom such fees and payments are to be made, and the manner and method of recovering the same ; and

(c.) the disposal and interment of any such bodies.

(3.) The county council may provide at the said buildings all such appliances as they think expedient for the reception and preservation of bodies, and may make regulations (subject to the provisions aforesaid) as to the management of the said buildings and the bodies therein, and as to the conduct of persons employed therein or resorting thereto for the purpose of identifying any body.

(4.) Subject to and in accordance with such regulations as may be made by a Secretary of State, any such body found in London may (on the order in writing of a coroner holding or having jurisdiction to hold the inquest on the same) be removed to any building provided under this section, and subject as aforesaid the inquest on any such body shall be held by the same coroner and in the same manner as if the said building were within the district of such coroner.

Byelaws as to Houses let in Lodgings.

94.—(1.) Every sanitary authority shall make and enforce such byelaws as are requisite for the following matters ; (that is to say,) Power of sanitary authority to make byelaws as to lodging-houses.

(a.) for fixing the number of persons who may occupy a house or part of a house which is let in lodgings or occupied by members of more than one family, and for the separation of the sexes in a house so let or occupied :

- (b.) for the registration of houses so let or occupied :
- (c.) for the inspection of such houses :
- (d.) for enforcing drainage for such houses, and for promoting cleanliness and ventilation in such houses :
- (e.) for the cleansing and lime-washing at stated times of the premises :
- (f.) for the taking of precautions in case of any infectious disease.

14 & 15 Vict.
c. 28.
16 & 17 Vict.
c. 41.

(2.) This section shall not apply to common lodging-houses within the Common Lodging Houses Act, 1851, or any Act amending the same.

Tents and Vans.

Tents and
vans used
for human
habitation.

95.—(1.) A tent, van, shed, or similar structure used for human habitation, which is in such a state as to be a nuisance or injurious or dangerous to health, or is so overcrowded as to be injurious or dangerous to the health of the inmates, whether or not members of the same family, shall be a nuisance liable to be dealt with summarily under this Act.

(2.) A sanitary authority may make byelaws for promoting cleanliness in, and the habitable condition of tents, vans, sheds, and similar structures used for human habitation, and for preventing the spread of infectious disease by the persons inhabiting the same, and generally for the prevention of nuisances in connexion with the same.

(3.) Where any person duly authorised by a sanitary authority or by a justice has reasonable cause to suppose either—

- (a.) that any tent, van, shed, or similar structure used for human habitation is in such a state or so overcrowded as aforesaid, or that there is any contravention therein of any byelaw made under this section ; or
- (b.) that there is in any such tent, van, shed, or structure any person suffering from a dangerous infectious disease,

he may enter by day such tent, van, shed, or structure, and examine the same and every part thereof in order to ascertain whether such tent, van, shed, or structure is in such a state or so overcrowded as aforesaid, or whether there is therein any such contravention, or a person suffering from a dangerous infectious disease, and the provisions of this Act with respect to the entry into any premises by an officer of the sanitary authority shall apply to the entry by any person duly authorised as aforesaid.

(4.) Nothing in this section shall apply to any tent, van, shed, or structure erected or used by any portion of Her Majesty's naval or military forces.

PROVISIONAL MEMORANDUM upon PRECAUTIONS advisable at times when EPIDEMIC INFLUENZA threatens, or is prevalent.

In July 1891 the Board issued a report by Dr. H. F. Parsons "On the Influenza Epidemic of 1889-90," together with an introduction by the Medical Officer.*

It was then pointed out that "action for the prevention of disease, in order to be effectual, must be based on a knowledge of its causation," and since our knowledge of the natural history of Influenza, and especially of the circumstances of time and place under which it spreads, remains most imperfect, any advice which can be given as to the precautions to be taken for its prevention or mitigation can only be correspondingly incomplete.

But, in view of the recurrence and maintained prevalence of the disease the Board feel that there may be advantage in setting out certain points as to which some definite knowledge has been obtained.

I. Influenza is spread by infection from person to person.

On this point the Medical Officer of the Board wrote:—
 "The disease has long been regarded as of the 'miasmatic' group; of that group, namely, wherein pathologists and statisticians comprise the common infectious diseases of our own and other countries" "In its epidemic form Influenza is an eminently infectious complaint, communicable in the ordinary personal relations of individuals one with another. It appears to me that there can henceforth be no doubt about the fact."

* Report on the Influenza Epidemic of 1889-90, by Dr. Parsons, with an introduction by the Medical Officer of the Local Government Board [C.—6387], pp. 324. Eyre and Spottiswoode, East Harding Street, E.C.

"In some circumstances it would seem that infectiveness of Influenza through the atmosphere shows itself over a wider area than the limits of household life. Probably also there are other less direct ways by which the infection of the disease can travel; and ways, moreover, by which the infection can be retained for a time in a state of suspended activity But we have, no doubt, much to learn about the dissemination of Influenza, and particularly of the stage when the complaint acquires its epidemic power."

[Since the above was written, evidence has accumulated to indicate that Influenza is infectious at quite an early stage of the illness, and may remain so as late as at least the eighth day from attack.]

"By having established a place for this Influenza among infectious diseases, we assert a position for the disorder within a class of diseases over which we habitually exercise a measure of control. But from what we have thus far seen of the specialities of Influenza we cannot feel particularly confident of our ability, under the existing conditions of society, to successfully defend ourselves against a further outbreak. A disease that can be absent in an epidemic form for 30 years together cannot, even if a first attack confer immunity, avail to give the protection of a first attack to any large part of a population.* Early isolation precautions, applicable perhaps to children suspected to have measles, cannot well be applied to persons suspected of Influenza among the bread-winners of a community; and the singular ability possessed by Influenza to disperse itself over a population owing to its brief incubation period must add to the difficulties of dealing with an infection that finds the bulk of the population susceptible to its attack. Having, as would seem, something like a third part of the incubation time proper to small-pox, measles,

* Abundant evidence has now accumulated to show that Influenza does not, in any marked degree, or for any considerable length of time, confer immunity against another attack.

or typhus, Influenza has correspondingly rapid ability to reproduce itself; can, that is, give rise to some thousand attacks in the time that small-pox or typhus had taken to produce ten; each of the thousand cases being ready to infect other susceptible people, and the difficulty of applying principles of isolation and disinfection being in like measure enormously enhanced."

A further difficulty in applying the process of "stamping out" by means of isolation and disinfection at the commencement of a threatened epidemic of Influenza, when alone success is likely to be attainable, arises from the circumstance that the disease does not possess any definite and easily recognisable feature like the rash of some of the other infectious diseases, so that the first cases of it may not be discriminated from ordinary catarrhs, transient febrile attacks, &c. The consequence is that such preventive measures as are available are delayed until obscure cases have multiplied, and the disease already prevails.

In view of the difficulties referred to, it is not practicable to devise any restrictive measures for the prevention of the spread of Influenza which shall be universally applicable.

But, under some circumstances and for certain classes of persons, some such measures should be resorted to, and this notably :—

- (a.) For persons in whom an attack of Influenza would be specially dangerous by reason of age or infirmity;
- (b.) For the inmates of institutions, the mode of life in which can be regulated and controlled;
- (c.) For the first cases of Influenza in a locality or a household where these are early recognised.

In such cases :—

1°. Separation between the sick and the healthy should, as far as practicable, be carried out. Measures to this end have in some instances been adopted with marked success.

2°. With isolation, should be combined disinfection of infected articles and rooms.

Persons suffering from Influenza should not expose themselves in public places.

Since the propagation of Influenza is known to be promoted by the assemblage of large numbers of persons in a confined atmosphere, it is advisable that when an epidemic threatens or is present, unnecessary assemblages should be studiously avoided.

The ventilation and cleanly keeping of any building in which many people are necessarily collected together, should receive special attention when Influenza threatens or is present, with a view to secure that the air of the building shall be frequently changed, at any rate during the intervals of its occupation, and to avoid accumulation of dust and dirt.

II. *The liability to contract Influenza, and the danger of an attack, if contracted, are increased by depressing conditions, such as exposure to cold, or to fatigue, whether mental or physical.*

There is reason to believe that the development of an attack of Influenza in a person exposed to the infection depends very largely upon the receptivity of the individual; and that the power of resistance varies not only in different persons, but also in the same person from time to time; being diminished by any conditions which depress the general bodily vigour. It is therefore important that at the time of an epidemic all persons should, as far as they are able, pay attention to such measures as tend to the maintenance of their health, wearing clothing of suitable warmth, and avoiding unnecessary exposure to cold and fatigue, unwholesome food, and excessive use of alcoholic liquors. Similar principles should be borne in mind by those who, as managers of institutions and establishments, have to make regulations for others.

There is also a very general agreement among medical practitioners that the risk of a relapse and of the occurrence of those pulmonary complications which constitute a chief danger of the disease is increased by anything which

involves exposure to cold or fatigue before complete recovery.

Persons, therefore, who are attacked by this malady should not attempt to fight against it, but should at once seek rest, warmth, and medical treatment.

The nature of such treatment does not fall within the scope of this Memorandum.

R. THORNE THORNE,
Assistant Medical Officer.

Local Government Board,
January 23rd, 1892.

DIRECTIONS for obtaining AMBULANCES for the
CONVEYANCE of PERSONS suffering from
INFLUENZA.

(*a.*) Application for an ambulance carriage should be made direct to the chief offices, Norfolk House, Norfolk Street, W.C., on week days, between 9 a.m. and 8 p.m. (Telegraphic address, Asylums Board, London. Telephone No. 2,587.)

Before 9 a.m. and after 8 p.m., and on Sundays, Good Friday, and Christmas Day, direct to the respective ambulance stations, as follows:—

Eastern Ambulance Station, Brocksby's Walk,
Homerton, N.E.

South-Eastern Ambulance Station, New Cross Road
(near Old Kent Road Railway Station), S.E.

Western Ambulance Station, Seagrave Road, Fulham,
S.W.

(*b.*) Every applicant must state:—

- (1.) Name, sex, and age of patient ;
- (2.) That the patient is suffering from Influenza ;
- (3.) Full address from which the patient is to be conveyed ;
- (4.) Full address to which the patient is to be conveyed.

(*c.*) The patient must be provided with a medical certificate of the nature of the disease, to be handed to the driver of the ambulance.

(*d.*) The charge for the hire of the ambulance, including (when the patient is over 10 years of age) the services of a male attendant, is 5s. This amount must be paid to the driver, who will give an official receipt for the same.

(*e.*) One person only will be allowed to accompany the patient, and such person may be conveyed back to the place from which the patient was conveyed. If desired, a nurse will be supplied at an additional charge of 2s. 6d. for her services.

In the "TIMES" of January 30th, 1892, appeared the following letter from the Clerk to the Metropolitan Asylums Board:—

SIR,—Will you allow me, through your columns, to make known that the managers of the Metropolitan Asylums Board, having had it represented to them that great difficulty is experienced in obtaining conveyances for the removal from one place to another of patients suffering from influenza—the only available conveyance being the public cab, the use of which for an infectious patient is in the interests of the public health extremely undesirable—have given careful consideration to the question of extending the use of their ambulances to this disease.

Under their existing powers this was impossible, but they have applied to the London County Council to issue an order under the Public Health (London) Act, 1891, extending the provision of section 79, sub-section 3, of that Act to the disease of influenza; and in the meantime the managers have determined, with the sanction of the Local Government Board,* to immediately place the ambulance service at the disposal of the public for influenza patients.

I give below directions for the guidance of those who may desire to take advantage of this arrangement.

It must be understood that this arrangement for influenza patients applies only to removals in London to places other than the managers' hospitals. Apart from

* Some explanation is needed to show how it is that the Metropolitan Asylums Board have made Regulations which are not justified by their "existing powers," and what power the President of the Local Government Board has to sanction such a course of action, and, finally, if the President of the Local Government Board has such a power why he did not exercise it before.

several other considerations, the managers have neither legal authority nor adequate accommodation to enable them to admit influenza patients to the fever hospitals.

Yours faithfully,

T. DUNCOMBE MANN,

Clerk to the Board.



